

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90239 025 \*\*\*138.75

**DOCUMENT # L04000046133**

1. Entity Name  
LIVE OAKS DEVELOPMENT I, LLC



Principal Place of Business 100 IDAC LANE STE 200 SAINT SIMONS ISLAND, GA 31522 US	Mailing Address 100 IDAC LANE STE 200 SAINT SIMONS ISLAND, GA 31522 US
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60016040



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

02202008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 20-1269164 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSTIC, ROBERT STEVEN  
757 SE 17TH ST  
STE 826  
FORT LAUDERDALE, FL 33316

Name Robert S. Bostic  
Street Address (P.O. Box Number is Not Acceptable)  
101 S. Ft. Lauderdale Beach Blvd.  
#608  
City Ft. Lauderdale FL Zip Code 33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* 3-21-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BOSTIC, ROBERT STEVEN  
STREET ADDRESS 757 SE 17TH ST #826  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE MGR ☐ Change ☐ Addition  
NAME BOSTIC, ROBERT S  
STREET ADDRESS 101 S. Ft. Lauderdale Beach Blvd #608  
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 3-21-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #