## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # L04000046149					03-01-2006 90224 018 ****50.00				
I. Entity Name     LIVE OAKS DEVELOPMENT II, LLC						05 01 2000 7	0 <b>22</b> , 010	50.0	
	ar Tanger and								
#220	e of Business secure per constant the secure per constant to the secure per	PO BOX 31046 SEA ISLAND, GA 31561 US			200,110,83				
	lace of Business Frederica Road	3. Mailing Address							
Suite, Apt. #, etc. # 10		Suite, Apt. #, etc.			02202006 Chg-LLC CR2E083 (11/05)				
St. Simons 18 land, 64		City & State		4. FEI Number Applied For 20-1287117 Not Applicable					
Zip 31522 Country USA		Zip	Coun	try	5. Certificate of Status Desired			ional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BOSTIC, ROBERT STEVEN 757 SE 17TH ST				Street Address (P.O. Box Number is Not Acceptable)					
STE 826	JDERDALE, FL 33316								
				City		<u>-</u>	FL <sup>3</sup>	Zip Code	
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, typed or Diffield name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Filing Fee is \$50.00 Due by May 1, 2006						Mak Florida	e check payal Department	ole to of State	eres (
9.	9. MANAGING MEMBERS/MANAGERS			•		ADDITIONS/	CHANGES	-	
TITLE	MGR	Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS	BOSTIC, ROBERT STEVEN 757 SE 17TH ST #826		NAM STRE	E Et address					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316 CITY			-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP -					
TITLE		☐ Delete	TITL					Change	Addition
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		: <u></u>		· ~ <del></del> .	
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STREET ADDRESS			STRE	ET ADDRESS				, <i>(</i> , <b>::</b> ,	
CITY-ST, ZIP	contiluitation information appointed with	this filing does not qualify to	r the eve	mntions contained	Lin Chanter 11	9 Florida Statutes 1 fi	uther certify the	t the infor	mation
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.									

IGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT

2-24-06

404-558-3333

Daytime Phone #