

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000046166

1. Entity Name
LIVE OAKS DEVELOPMENT III, LLC



**FILED
Mar 28, 2006 8:00 am
Secretary of State**

03-28-2006 90012 032 ****50.00

Principal Place of Business
70 GROBER LN
STE 220
ST SIMONS ISLAND, GA 31561 US

Mailing Address
PO BOX 31046
SEA ISLAND, GA 31561 US

2. Principal Place of Business
1600 Frederica Road
Suite, Apt. #, etc.
#10
City & State
St Simons Island GA
Zip 31522 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1360157

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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] Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC, ROBERT STEVEN		
STREET ADDRESS	757 SE 17TH ST #826		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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]

Steve Bostic

3-17-06

404-558-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #