


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 031 ****50.00

DOCUMENT # L04000077988	
1. Entity Name LIVE OAKS DEVELOPMENT V, LLC	

Principal Place of Business 1600 FREDERICA ROAD SUITE 10 SAINT SIMONS ISLAND, GA 31522 US	Mailing Address PO BOX 31046 SEA ISLAND, GA 31561 US
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60037081



2. Principal Place of Business - No P.O. Box # 757 SE 17th St	3. Mailing Address 100 IDAL Lane
Suite, Apt. #, etc. # 826	Suite, Apt. #, etc. Suite 200
City & State Fort Lauderdale, FL	City & State St. Simons Island, GA
Zip 33316	Country USA
Zip 31522	Country USA

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1812982	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 #826 FORT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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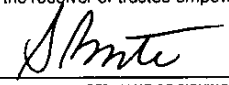
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-13-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSTIC, ROBERT STEVEN 757 SE 17TH ST #826 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4-13-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE