


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-28-2006 90085 001 ***150.00

DOCUMENT # L04000077989		
1. Entity Name LIVE OAKS DEVELOPMENT VI, LLC		

Principal Place of Business 70 GROBER LN 220 SAINT SIMONS ISLAND, GA 31522 US	Mailing Address PO BOX 31046 SEA ISLAND, GA 31561 US
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2. Principal Place of Business 1600 Fredenica Road	3. Mailing Address
Suite, Apt. #, etc. #10	Suite, Apt. #, etc.
City & State St Simons Island, GA	City & State
Zip 31522	Country USA

02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1813022

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

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 *Robert Bostic* DATE 3-17-06

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, 2006	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	MGR 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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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: *Robert Bostic* Steve Bostic 3-17-06 404-558-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #