


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000005515 1. Entity Name LOR LIVEOAK, L.C.	
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Principal Place of Business PO BOX 1268 PHENIX CITY, AL 36868-1268	Mailing Address PO BOX 1268 PHENIX CITY, AL 36868-1268
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 63-1233725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, W. WADE  
 10221 WEST EMERALD COAST PARKWAY, SUITE 26  
 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_  
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FUNDERBURK, KENNETH L 1313 BROAD STREET PHENIX CITY, AL 36868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COPELAN, GEORGE 194 LYNDA LANE PINE MOUNTAIN, GA 31822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/04/05-80021-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/29/05** **1334-297-2900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #