2006 LIMITED LIABILITY COMPANY
· · · ANNUAL REPORT

DOCUMENT # L99000005515

1. Entity Name
LOR LIVEOAK, L.C.

Principal Place of Business	Mailing Address
PO BOX 1268 PHENIX CITY, AL 36868-1268	PO BOX 1268 PHENIX CITY, AL 36868-1268

DO NOT WRITE IN THIS SPACE

03072006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
63-1233725	Not Applicable

5. Certificate of Status Desired ☐   **$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

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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 _____
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

IIN0N00475180
04/05/06 -80005-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FUNDERBURK, KENNETH L
STREET ADDRESS	1313 BROAD STREET
CITY-ST-ZIP	PHENIX CITY, AL 36868
TITLE	MGRM
NAME	COPELAN, GEORGE
STREET ADDRESS	194 LYNDA LANE
CITY-ST-ZIP	PINE MOUNTAIN, GA 31822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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