

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015990 AB

DOCUMENT # M98000000453

1. Entity Name  
LIVE OAK PROPERTIES OF GEORGIA, LLC.

00 APR 17 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
400 MALL BLVD., SUITE M  
SAVANNAH GA 31406

Mailing Address  
400 MALL BLVD., SUITE M  
SAVANNAH GA 31406-4820



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
mnm

4. FEI Number 58-2363190 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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.

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME GARFUNKEL, CHARLES  
STREET ADDRESS 400 MALL BLVD., ST. M  
CITY-ST-ZIP SAVANNAH GA 31406

TITLE MGRM  
NAME GARFUNKEL, NATHAN A  
STREET ADDRESS 400 MALL BLVD., ST. M  
CITY-ST-ZIP SAVANNAH GA 31406

TITLE MGRM  
NAME GARFUNKEL, DAVID  
STREET ADDRESS 400 MALL BLVD., ST. M  
CITY-ST-ZIP SAVANNAH GA 31406

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Charles Garfunkel-Managing 4/11/00 912-355-1311  
member

CR2E083 (9/99)