

2001 UNIFORM BUSINESS REPORT (UBR)

0030454 AB

DOCUMENT # **M98000000453**

1. Entity Name

LIVE OAK PROPERTIES OF GEORGIA, LLC.

FILED

01 MAR -8 PM 4:10

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2363190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700003891277--3
-03/21/01--01111--004
*****50.00 *****50.00** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)