2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# M98000000453

Entity Name: LIVE OAK PROPERTIES OF GEORGIA, LLC.

Current Principal Place of Business:

400 MALL BLVD., SUITE M
SAVANNAH, GA 31406

New Principal Place of Business:

Current Mailing Address:

400 MALL BLVD., SUITE M
SAVANNAH, GA 31406

New Mailing Address:

FEI Number: 58-2363190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GARFUNKEL, CHARLES	
Address:	400 MALL BLVD., ST. M	
City-St-Zip:	SAVANNAH, GA 31406	
Title:	MGRM	( ) Delete
Name:	GARFUNKEL, NATHAN A	
Address:	400 MALL BLVD., ST. M	
City-St-Zip:	SAVANNAH, GA 31406	
Title:	MGRM	( ) Delete
Name:	GARFUNKEL, DAVID	
Address:	400 MALL BLVD., ST. M	
City-St-Zip:	SAVANNAH, GA 31406	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES GARFUNKEL MGRM 03/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date