

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90100 032 ***138.75

DOCUMENT # L01000008557
 1. Entity Name
CHARLESTON BROWN COMPANY, L.L.C.



Principal Place of Business Mailing Address
4315 PABLO OAKS CT. **4315 PABLO OAKS CT.**
SUITE 1 **SUITE 1**
JACKSONVILLE, FL 32224-9667 **JACKSONVILLE, FL 32224-9667**

50092891



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

04082008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
BUSH, J. TAYLOR
4315 PABLO OAKS CT. SUITE 1
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent
 Name **SLC Management Services LLC**
 Street Address (P.O. Box Number is Not Acceptable) **4315 Pablo Oaks Court**
 City **Jacksonville** FL Zip Code **32224**

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 *Mallory G. Holm* **Mallory Gayle Holm, V.P.** DATE **4/9/8**
Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN STOKES, E. CHESTER JR 4315 PABLO OAKS CT. SUITE 1 JACKSONVILLE, FL 322249667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BUSH, J. TAYLOR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC HOLM, MALLORY G 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAWARRE, JOY L 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joy L Lawarre* **Joy L Lawarre** DATE **4/9/8** DAYTIME PHONE # **9044821100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #