

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008557

FILED
Apr 09, 2009
Secretary of State

Entity Name: CHARLESTON BROWN COMPANY, L.L.C.

Current Principal Place of Business:

4315 PABLO OAKS CT.
SUITE 1
JACKSONVILLE, FL 322249667

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS CT.
SUITE 1
JACKSONVILLE, FL 322249667

New Mailing Address:

FEI Number: 59-3730737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLG MANAGEMENT SERVICES, LLC
4315 PABLO OAKS CT. SUITE 1
JACKSONVILLE, FL 32224 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/MANAGERS:

Title: CHMN () Delete
Name: STOKES, E. CHESTER JR
Address: 4315 PABLO OAKS CT. SUITE 1
City-St-Zip: JACKSONVILLE, FL 322249667 US

Title: PRES () Delete
Name: BUSH, J. TAYLOR
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP () Delete
Name: KUNKEL, JOHN C
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPSC () Delete
Name: HOLM, MALLORY G
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPTR () Delete
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: AS () Delete
Name: LAWARRE, JOY L
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: MALLORY GAYLE HOLM

VPSC

04/09/2009

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