



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90131 016 \*\*\*138.75

<b>DOCUMENT # L01000008584</b> 1. Entity Name <b>STOKES, BUSH &amp; BARNES LAND COMPANY, L.L.C.</b>					
Principal Place of Business <b>4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667</b>			Mailing Address <b>4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		04072008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>59-3730733</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>BUSH, J. TAYLOR 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667</b>	
7. Name and Address of New Registered Agent Name <b>SLG Management Services, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4315 Pablo Oaks Court</b> City <b>Jacksonville</b> FL    Zip Code <b>32224</b>				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 <i>Mallory Gayle Holm</i> <b>Mallory Gayle Holm, V.P. 4/1/8</b> DATE	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES BUSH, J. TAYLOR 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHMN STOKES, E. CHESTER JR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSE HOLM, MALLORY G 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTR FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS LAWARRE, JOY L 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>	<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				
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: <i>Joy L Lawarre</i> <b>Joy L Lawarre, 4/1/8 904821100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					