


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L01000016567 1. Entity Name STOCKTON MYRA, LLC	
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Principal Place of Business 869 STOCKTON STREET JACKSONVILLE, FL 32204	Mailing Address 225 WATER STREET 110 JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3755072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARAKAT, OLIVER J
225 WATER STREET
110
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

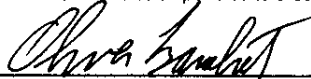
U00000896005
04/24/08-80089-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RINAMAN, MARK 11 EAST FORSYTH ST JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARAKAT, OLIVER 225 WATER ST #110 JACKSONVILLE, FL 32202
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**DO NOT WRITE
IN THIS SPACE**

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:  **4/11/08** **904 502 8966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #