



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000000875 1. Entity Name RAIKES & RAIKES, LLC	
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Principal Place of Business 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216 US	Mailing Address 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216 US
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0443126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAIKES, LARRY
4479 DEERWOOD LAKE PARKWAY
SUITE 1
JACKSONVILLE, FL 32216**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAIKES, LARRY 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAIKES, MITCHELL 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216
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05/22/08-80070-002 138.75

**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: Larry Rakes 4/25/08 (904) 739-9069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #