

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2008 90131 017 \*\*\*138.75

**DOCUMENT # L03000000153**

1. Entity Name  
**STOKES BUSH & WRIGHT LAND COMPANY, LLC**



Principal Place of Business  
**4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224-9667 US**

Mailing Address  
**4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224-9667 US**

60061704



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

3. Mailing Address

04072008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**05-0546492**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSH, J. TAYLOR  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224-9667**

Name **SLG 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 Gayle Holm, V.P.* **Mallory Gayle Holm, V.P.** 4/7/8  
(NOTE: Registered Agent signature required when re-stating) DATE

**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

10. ADDITIONS/CHANGES

TITLE **PRES** ☐ Delete  
NAME **WRIGHT, JAMES R JR.**  
STREET ADDRESS **4315 PABLO OAKS COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVP** ☐ Delete  
NAME **BUSH, TAYLOR**  
STREET ADDRESS **4315 PABLO OAKS COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **STOKES, CHESTER JR**  
STREET ADDRESS **4315 PABLO OAKS COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **KUNKEL, JOHN C**  
STREET ADDRESS **4315 PABLO OAKS COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TRE** ☐ Delete  
NAME **FREDENHAGEN, SHARON W**  
STREET ADDRESS **4315 PABLO OAKS COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SEC** ☐ Delete  
NAME **HOLM, MALLORY G**  
STREET ADDRESS **4315 PABLO OAKS COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, A.S.** 4/7/8 9044821100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #