

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2008 90131 019 ***138.75

DOCUMENT # L03000011717

1. Entity Name
STOKES, BRAREN & HOLZ LAND COMPANY, LLC



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

60021732



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 75-3118251	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BRAREN, MICHAEL E 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667		7. Name and Address of New Registered Agent Name SLG Management Services, LLC Street Address (P.O. Box Number is Not Acceptable) 4315 Pablo Oaks Court City Jacksonville FL Zip Code 32224	
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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, U.P.* DATE 4/7/08
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PRES HOLZ, F. LOGAN 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP BRAREN, MICHAEL E 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSE HOLM, MALLORY G 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTR FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LAWARRE, JOY L 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: *Joy L Lawarre* DATE 4/7/08 DAYTIME PHONE # 9044821100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE