


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2008 90131 015 ***138.75

DOCUMENT # L03000056478	
1. Entity Name STOKES BUSH & KIRKPATRICK INVESTMENTS, 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 61-1463869	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 BUSH, J. TAYLOR 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667

7. Name and Address of New Registered Agent Name: <u>SLC Management Services, LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>4315 Pablo Oaks Court</u> City: <u>Jacksonville</u> FL Zip Code: <u>32224</u>

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: <u>Mallory Gayle Holm, V.P.</u> DATE: <u>4/8/08</u>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
PRES KIRKPATRICK, MATT H 4509 CREEDMOOR ROAD, SUITE 103 RALEIGH, NC 27612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
CHMN STOKES, E. CHESTER JR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VP BUSH, J. TAYLOR 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VP KUNKEL, JOHN C 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VPSE HOLM, MALLORY G 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VPTR FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	

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
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: <u>Joy L Lawarre</u> <u>Joy L Lawarre, V.S.</u> <u>4/8/08</u> <u>904482110</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #