

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90101 005 \*\*\*138.75

<b>DOCUMENT # L04000068892</b> 1. Entity Name <b>PARRISH PLANTATION, LLC</b>					
Principal Place of Business <b>4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667</b>			Mailing Address <b>4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>50002922</b> 	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1668358</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STOKES &amp; GRIFFITH PROPERTIES, LLC 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224</b>			7. Name and Address of New Registered Agent Name <b>SLG Management Services, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4315 Pablo Oaks Court</b> City <b>Jacksonville</b> FL Zip Code <b>32224</b>		
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 <i>Mallory Gayle Holm</i> <b>Mallory Gayle Holm, V.P.</b> DATE <b>4/9/8</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHMN</b> <b>STOKES, E. CHESTER JR</b> <b>4315 PABLO OAKS COURT, SUITE 1</b> <b>JACKSONVILLE, FL 322249667</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES</b> <b>GRIFFITH, SCOTT R</b> <b>4315 PABLO OAKS COURT</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>KUNKEL, JOHN C</b> <b>4315 PABLO OAKS COURT</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSE</b> <b>HOLM, MALLORY G</b> <b>4315 PABLO OAKS COURT</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTR</b> <b>FREDENHAGEN, SHARON W</b> <b>4315 PABLO OAKS COURT</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>LAWARRE, JOY L</b> <b>4315 PABLO OAKS COURT</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
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 <i>Joy L Lawarre</i> <b>Joy L Lawarre</b> DATE <b>4/9/8</b> DAYTIME PHONE # <b>9044821100</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					