


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90016 022 ***138.75

DOCUMENT # L05000023794	
1. Entity Name STOKKE ENTERPRISES, LLC	

Principal Place of Business 45 COQUINA POINT DRIVE ORMOND BEACH, FL 32174	Mailing Address 45 COQUINA POINT DRIVE ORMOND BEACH, FL 32174
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00004926



2. Principal Place of Business - No P.O. Box # 26 Emerald Oaks Lane	3. Mailing Address 26 Emerald Oaks Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04152008 Chg-LLC CR2E083 (12/06)

City & State Ormond Beach FL	City & State Ormond Beach FL
Zip 32174	Zip 32174
Country USA	Country USA

4. FEI Number 81-0667893	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STOKKE, RONALD O 45 COQUINA POINT DRIVE ORMOND BEACH, FL 32174	
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7. Name and Address of New Registered Agent	
Name Stokke, Ronald O.	
Street Address (P.O. Box Number is Not Acceptable) 26 Emerald Oaks Lane	
City Ormond Beach	Zip Code FL 32174

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 Ronald O. Stokke	mbv	DATE 4-28-08
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

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 MGR	<input type="checkbox"/> Delete
NAME STOKKE, RONALD O	
STREET ADDRESS 45 COQUINA POINT DRIVE	
CITY - ST - ZIP ORMOND BEACH, FL 32174	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Stokke, Ronald O.	
STREET ADDRESS 26 Emerald Oaks Lane	
CITY - ST - ZIP Ormond Beach, FL 32174	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ronald O. Stokke	mbv	DATE 4-28-08	386-255-0744
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE</small>	<small>Daytime Phone #</small>