


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L05000110406<br>1. Entity Name<br>SEVELL JONES HOLDINGS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2295 N.W. CORPORATE BLVD NW<br>SUITE 131<br>BOCA RATON, FL 33431 | Mailing Address<br>2295 N.W. CORPORATE BLVD NW<br>SUITE 131<br>BOCA RATON, FL 33431 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-LLC      CR2E083 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-3797509                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>SEVELL, ARNOLD<br>2295 N.W. CORPORATE BLVD. NW<br>SUITE 131<br>BOCA RATON, FL 33431 |
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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 \_\_\_\_\_ (NOTE: Registered Agent Signature Required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

100000655278  
03/13/07-80101-004 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MR.<br>SEVELL, ARNOLD<br>2295 CORPORATE BLVD NW SUITE 131<br>BOCA RATON, FL 33431 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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:** \_\_\_\_\_ *A. Sevell* \_\_\_\_\_ *2-28-07 561-995-0100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #