


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

| | |
|---|---|
| DOCUMENT # L05000110406 1. Entity Name SEVELL JONES HOLDINGS, LLC |  |
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|---|---|
| Principal Place of Business 2295 N.W. CORPORATE BLVD NW SUITE 131 BOCA RATON, FL 33431 | Mailing Address 2295 N.W. CORPORATE BLVD NW SUITE 131 BOCA RATON, FL 33431 |
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DO NOT WRITE IN THIS SPACE



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| 02052007 No Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number 20-3797509 | 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

SEVELL, ARNOLD
 2295 N.W. CORPORATE BLVD. NW
 SUITE 131
 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 NAME STREET ADDRESS CITY - ST - ZIP | MR. SEVELL, ARNOLD 2295 CORPORATE BLVD NW SUITE 131 BOCA RATON, FL 33431 |
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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* Date: 2-28-07 Daytime Phone #: 561-995-0100

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