


1. 2005 9:51AM Miller & Westerfer

No. 9150 P. 1

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004913 1. Entity Name THE JONES FAMILY LIMITED LIABILITY COMPANY	
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Principal Place of Business
3000 COUNTY BARN ROAD
NAPLES, FL 34112

Mailing Address
3000 COUNTY BARN ROAD
NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE



07012005No Chg-LLC

CR2E063 (10/03)

4. FEI Number
58-2562054

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JONES, WILLIAM L
3000 COUNTY BARN ROAD
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JONES, WILLIAM L
STREET ADDRESS	3000 COUNTY BARN ROAD
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	MGRM
NAME	JONES, BARBARA F
STREET ADDRESS	3000 COUNTY BARN RD
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone # _____