


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90019 022 \*\*\*\*50.00

<b>DOCUMENT # L00000004913</b> 1. Entity Name <b>THE JONES FAMILY LIMITED LIABILITY COMPANY</b>	
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Principal Place of Business <b>3000 COUNTY BARN ROAD NAPLES, FL 34112</b>	Mailing Address <b>3000 COUNTY BARN ROAD NAPLES, FL 34112</b>
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04142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2562054</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JONES, WILLIAM L 3000 COUNTY BARN ROAD NAPLES, FL 34112</b>
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**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 reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, WILLIAM L 3000 COUNTY BARN ROAD NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, BARBARA F 3000 COUNTY BARN RD NAPLES, FL 34112
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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 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:** William L Jones MGR 4/14/06 239 643-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #