



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L00000004913</b> 1. Entity Name <b>THE JONES FAMILY LIMITED LIABILITY COMPANY</b>		
Principal Place of Business <b>3000 COUNTY BARN ROAD NAPLES, FL 34112</b>	Mailing Address <b>3000 COUNTY BARN ROAD NAPLES, FL 34112</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>JONES, WILLIAM L 3000 COUNTY BARN ROAD NAPLES, FL 34112</b>		<b>DO NOT WRITE IN THIS SPACE</b>
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
U000000654726 03/13/07-80073-009 50.00		
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>2-28-07</b> <b>239-643-5100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		