2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L00000004913

Entity Name: THE JONES FAMILY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3000 COUNTY BARN ROAD
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3000 COUNTY BARN ROAD
NAPLES, FL 34112

New Mailing Address:

FEI Number: 58-2562054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JONES, WILLIAM L	
Address:	3000 COUNTY BARN ROAD	
City-St-Zip:	NAPLES, FL 34112	
Title:	MGRM	( ) Delete
Name:	JONES, BARBARA F	
Address:	3000 COUNTY BARN RD	
City-St-Zip:	NAPLES, FL 34112	
Title:	MGRM	( ) Delete
Name:	JONES, BRIAN E	
Address:	3000 CONTY BARN RD	
City-St-Zip:	NAPLES, FL 34112	
Title:	MGRM	( ) Delete
Name:	WILLIAMS, CYNTHIA J	
Address:	3000 COUNTY BARN RD	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	WILLIAMS, CYNTHIA J	
Address:	3000 COUNTY BARN RD	
City-St-Zip:	NAPLES, FL 34112	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date