

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008478

FILED
Apr 06, 2009
Secretary of State

Entity Name: JONES MINING COMPANY, L.L.C.

Current Principal Place of Business:

3510 RADIO ROAD
NAPLES, FL 34104

New Principal Place of Business:

16000 IMMOKALEE RD
NAPLES, FL 34120

Current Mailing Address:

P.O. BOX 990099
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-3669480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAVIELLO, MICHAEL A JR.
1025 FIFTH AVENUE NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

JONES, DAMON
731 PINE CREST LANE
NAPLES, FL 34104 US

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: DAMON JONES

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, BEN F
Address: 430 SAN JUAN
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: GEDVILLAS, STAN
Address: 2579 BECCA AVENUE
City-St-Zip: NAPLES, FL 34112

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: JONES, DAMON
Address: 731 PINE CREST LANE
City-St-Zip: NAPLES, FL 34104

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: DAMON JONES

MGRM

04/06/2009

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