


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90448 013 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L02000002024</b>                             |  |
| 1. Entity Name<br><b>PREBLE RISH JONES INVESTMENTS LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>301 EAST 1ST ST., 3RD FLOOR<br/>PORT ST. JOE, FL 32456</b> | Mailing Address<br><b>301 EAST 1ST ST., 3RD FLOOR<br/>PORT ST. JOE, FL 32456</b> |
|--|--|

**24049638**



|                                |         |   |                       |
|--------------------------------|---------|---|-----------------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>PO Box 639</b> |                       |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                     |                       |
| City & State                   |         | City & State<br><b>Port St Joe, FL</b>  |                       |
| Zip                            | Country | Zip<br><b>32457</b>                     | Country<br><b>USA</b> |

04202004 Chg-LLC CR2E083 (10/03)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>01-0674029</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                |  |  |
| 6. Name and Address of Current Registered Agent<br><b>GIBSON, THOMAS S<br/>206 E. FOURTH STREET<br/>PORT ST. JOE, FL 32456</b> |  | 7. Name and Address of New Registered Agent            |
|  |  | Name   |
|  |  | Street Address (P.O. Box Number is Not Acceptable)     |
|  |  | City   |
|  |  | FL Zip Code  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RISH, RALPH P<br>PO BOX 639<br>PORT SAINT JOE, FL 32457 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PREBLE, GREGORY S<br>PO BOX 639<br>PORT SAINT JOE, FL 32457 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR Philip A. Jones <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>PO Box 639<br>Port St Joe, FL 32457 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Ralph Rish Ralph Rish 4/20/04 (850) 227-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #