

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010535

**FILED**  
**Mar 28, 2006**  
**Secretary of State**

**Entity Name:** JONES FINANCIAL SERVICES L.L.C.

**Current Principal Place of Business:**

6264 OLD WATER OAK RD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

3536 LIMERICK DR  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

6264 OLD WATER OAK RD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

3536 LIMERICK DR  
TALLAHASSEE, FL 32309

**FEI Number:** 03-0436977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, LOUIS ERIC  
3210 WHIRLAWAY TR.  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

JONES, LOUIS ERIC  
2037 SPRING CREEK HIGHWAY  
CRAWFORDVILLE, FL 32327 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:** LOUIS ERIC JONES

03/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** JONES, LOUIS ERIC  
**Address:** 3210 WHIRLAWAY TR.  
**City-St-Zip:** TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** JONES, LOUIS ERIC  
**Address:** 2037 SPRING CREEK HIGHWAY  
**City-St-Zip:** TALLAHASSEE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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:** LOUIS ERIC JONES

MGRM

03/28/2006

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