
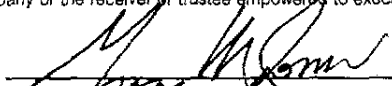


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025442		
1. Entity Name G.K. JONES REALTY, L.L.C.		
Principal Place of Business 106 BYRSONIMA CIRCLE HOMOSASSA, FL 34446 US		Mailing Address 106 BYRSONIMA CIRCLE HOMOSASSA, FL 34446 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JONES, GREGORY M 106 BYRSONIMA CIRCLE HOMOSASSA, FL 34446		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	GK JONES & COMPANY, LLC	
STREET ADDRESS	PO BOX 2064	
CITY - ST - ZIP	HOMOSASSA SPRINGS, FL 34447	
TITLE	MGR	
NAME	JONES, GREGORY M	
STREET ADDRESS	PO BOX 2064	
CITY - ST - ZIP	HOMOSASSA SPRINGS, FL 34447	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



02132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
22-3873682

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000527029
05/04/06-80097-009 150.00

**DO NOT WRITE
IN THIS SPACE**

4-10-06

Date

Daytime Phone #