

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90108 048 ****50.00

DOCUMENT # L02000035232



1. Entity Name

HOMES BY JONES, LLC

Principal Place of Business

5600 PGA BLVD., SUITE 204
PALM BEACH GARDENS FL 33418

Mailing Address

5600 PGA BLVD., SUITE 204
PALM BEACH GARDENS FL 33418

24004702



MOORE

CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0759334

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, MALCOLM F
5600 PGA BLVD., SUITE 204
PALM BEACH GARDENS FL 33418

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME JONES, MALCOLM F MGR
STREET ADDRESS 5600 PGA BLVD, SUITE 204
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *MALCOLM JONES, Co-Trustee*
STREET ADDRESS *Of the MALCOLM JONES*
CITY-ST-ZIP *Irrevocable Trust of 2003*

TITLE ☐ Change ☒ Addition
NAME *MALCOLM JONES, Co-Trustee of*
STREET ADDRESS *the MALCOLM JONES Irrevocable Trust*
CITY-ST-ZIP *of 2003. 5600 PGA Blvd, Ste 204*
Palm Bch Gardens, FL. 33418

TITLE ☐ Delete
NAME *MARTIN J. HASEY,*
STREET ADDRESS *Co-Trustee of the*
CITY-ST-ZIP *MALCOLM JONES Irrevocable*
Trust of 2003

TITLE ☐ Change ☒ Addition
NAME *MARTIN J. HASEY, Co-Trustee*
STREET ADDRESS *of the MALCOLM JONES Irrevocable*
CITY-ST-ZIP *Trust of 2003. 5600 PGA Blvd, Ste 204*
Palm Bch Gardens, FL. 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/04 561-691-2000