

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

01-29-2004 90108 047 ****50.00

DOCUMENT # L02000035235			
1. Entity Name JONES HOLDINGS, 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



64004703



MOORE CR2E083 (11/03)

4. FEI Number 01-0759342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, MALCOLM F 5600 PGA BLVD., SUITE 204 PALM BEACH GARDENS FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, MALCOLM F MANAGER 5600 PGA BLVD, SUITE 204 PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALCOLM JONES, Co-Trustee of the MALCOLM JONES Irrevocable Trust of 2003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALCOLM JONES, Co-Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition of the MALCOLM JONES Irrevocable Trust of 2003. 5600 PGA Blvd, Ste 204 Palm Bch Gardens, FL. 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN J. HASEY, Co-Trustee <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN J HASEY, Co-Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition of the MALCOLM JONES Irrevocable Trust of 2003. 5600 PGA Blvd, Ste. 204 Palm Bch Gardens, FL. 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:

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

Date

Daytime Phone #

1/29/04 561-691-2000