

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

05-04-2005 90038 009 ****50.00

DOCUMENT # L03000031709	
1. Entity Name JONAS HOLDINGS, L.L.C.	

Principal Place of Business 14606 SAGAMORE COURT FORT MYERS FL 33908	Mailing Address 14606 SAGAMORE COURT FORT MYERS FL 33908
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number AP-PLIED FOR	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MAUGHAN, JASON R 14606 SAGAMORE COURT FORT MYERS FL 33908	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MAUGHAN, JASON R 14606 SAGAMORE COURT FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MAUGHAN, BARBARA K 14606 SAGAMORE COURT FORT MYERS FL 33908 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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:  **4-28-05** **(239) 422-2424**
Signature and typed or printed name of current managing member, manager, or authorized representative Date District Phone #

ATTACHMENT

30007350

#L03000031709451

0001/001

1/5/04

KSA

Dec-23-2003 5:03PM

PARRISH, WHITE & LAWHON, P.A.

No. 5224 P. 2

JPT

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.EIN **14-1900855**

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested JONAS HOLDINGS, L.L.C.		2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name JASON R. MAUGHAN	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 14608 SAGAMORE COURT		4b City, state, and ZIP code FORT MYERS, FL 33908		5a Street address (if different) (Do not enter a P.O. box.)	
5b City, state, and ZIP code		5c County and state where principal business is located LEE COUNTY, FLORIDA		6a City, state, and ZIP code	
7a Name of principal officer, general partner, grantor, owner, or trustee JASON R. MAUGHAN, MANAGING MEMBER		7b SSN, ITIN, or EIN 592-24-5039			
8a Type of entity (check only one box) ☐ Sole proprietor (SSN) ☒ Partnership ☐ Corporation (enter form number to be filed) ▶ ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶		☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC ☐ State/local government ☐ Federal government/military ☐ Indian tribal governments/enterprises Group Exemption Number (GEN) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9 Reason for applying (check only one box) ☒ Started new business (specify type) ▶ HOLDING COMPANY ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶		☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶			
10 Date business started or acquired (month, day, year) AUGUST 25, 2003		11 Closing month of accounting year DECEMBER			
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0". ▶					
14 Check one box that best describes the principal activity of your business. ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker ☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail ☐ Other (specify)					
15 Indicate principal line of merchandise sold: specific construction work done; products produced; or services provided. N/A					
16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note: If "Yes," please complete lines 16b and 16c.					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN					

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Type or print clearly) ▶ **JASON R. MAUGHAN, MANAGING MEMBER**

Applicant's telephone number (include area code)

(239) 866-2013

Signature ▶

Date ▶ **12/25/03**

Applicant's fax number (include area code)

(239) 866-9501

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)