


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050449 1. Entity Name S A JONES LLC	
--	---

Principal Place of Business 6422 MURRAY HILL DR TAMPA, FL 33615-3451	Mailing Address PO BOX 262423 TAMPA, FL 33685-2423
--	--

DO NOT WRITE IN THIS SPACE



01172005 No Chg-LLC

CR2E063 (11/05)

4. FEI Number 20-0422852	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, GARY L
6422 MURRAY HILL DR
TAMPA, FL 33615-3451**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

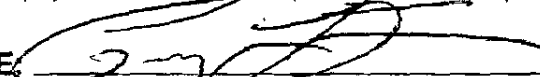
U00000516224
04/28/06-80238-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, GARY 6422 MURRAY HILL DR TAMPA, FL 336153451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, SHARON A 6422 MURRAY HILL DR TAMPA, FL 336153451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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  **4/14/06 813-884-2714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE