

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051137

FILED
Mar 01, 2008
Secretary of State

Entity Name: JAMES E. JONES DRYWALL LLC

Current Principal Place of Business:

5291 COLLINS RD.
#40
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5291 COLLINS RD.
#40
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 86-1093615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JAMES E
5291 COLLINS RD.
#40
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, JAMES E
Address: 5291 COLLINS RD. #40
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR () Delete
Name: JONES, JOHN E
Address: 5291 COLLINS RD. #202
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR () Delete
Name: JONES, CURTIS R
Address: 2045 SR 207
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: JONES, JOHN E
Address: 5291 COLLINS RD. #141
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES E. JONES

MGR

03/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date