


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb-07, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000052406</b> 1. Entity Name <b>TIMOTHY P. JONES COMPANY, LLC</b>	
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Principal Place of Business <b>106 STREAMLINE ROAD CRESCENT CITY, FL 32112</b>	Mailing Address <b>106 STREAMLINE ROAD CRESCENT CITY, FL 32112</b>
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02052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1616502</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JONES, TIMOTHY P 106 STREAMLINE ROAD CRESCENT CITY, FL 32112</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relinquishing)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JONES, TIMOTHY P 106 STREAM LINE ROAD CRESCENT CITY, FL 32112</b>
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02/08/05-80019-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Timothy P. Jones*

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

**2-5-2005 386-698-2800**

Date

Daytime Phone #