


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90357 027 ****50.00

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| DOCUMENT # L03000054246 1. Entity Name L A JONES BUILDER, LLC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 227 NW 23TH AVE. GAINESVILLE, FL 32609 | | | Mailing Address 227 NW 23TH AVE. GAINESVILLE, FL 32609 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0002452 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 03152004 Chg-LLC CR2E083 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent JONES, LAWRENCE A 227 NW 23TH AVE. GAINESVILLE, FL 32609 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and the \$ applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%; padding: 2px;"> MANAGING Lawrence A Jones <input type="checkbox"/> Delete 227 NW 23 Ave Gainesville, FL 32609 </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGING Lawrence A Jones <input type="checkbox"/> Delete 227 NW 23 Ave Gainesville, FL 32609 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> | | | 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"/> Change <input type="checkbox"/> Addition | 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"/> Change <input type="checkbox"/> Addition | 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"/> Change <input type="checkbox"/> Addition |
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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)(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: <i>LA Jones</i> <div style="float: right; text-align: right;"> 4/21/04 352-380-9797 <small>Date Daytime Phone #</small> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |