

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054571

Entity Name: CASEY JONES L.L.C.

FILED  
Apr 05, 2005  
Secretary of State

**Current Principal Place of Business:**

3900 W. 17TH STREET  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

3900 W. 17TH STREET  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 33-7462774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, CASEY  
3900 W 17TH STREET  
PANAMA CITY, FL 32401 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: JONES, CASEY  
Address: 3900 W. 17TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: JONES, BUTCH  
Address: 1408 WYOMING AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete  
Name: JONES, FLOYD  
Address: 191 CHAMPION DRIVE  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CASEY JONES

MGR

04/05/2005

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