

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001343

FILED
Mar 30, 2006
Secretary of State

Entity Name: JONES & JONES MAINTENANCE AND BUILDING SERVICES LLC

Current Principal Place of Business:

4183 WOODLAND CIRCLE
DELAND, FL 32724

New Principal Place of Business:

5355 DELEON SPRINGS RANCH RD
DELEON SPRINGS, FL 32130

Current Mailing Address:

P.O. BOX 1120
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 56-2429240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGRM () Delete
Name: JONES, RICKY A
Address: 4183 WOODLAND CIRCLE
City-St-Zip: DELAND, FL 32724

Title: MGRM () Delete
Name: JONES, APRIL M
Address: 4183 WOODLAND CIRCLE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, RICKY A
Address: 5355 DELEON SPRINGS RANCH RD
City-St-Zip: DELEON SPRINGS, FL 32130

Title: MGRM (X) Change () Addition
Name: JONES, APRIL M
Address: 5355 DELEON SPRINGS RANCH RD
City-St-Zip: DELEON SPRINGS, FL 32130

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

MGRM

03/30/2006

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