


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90278 038 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L04000018041 1. Entity Name R&D JONES LOOP, LLC | | | |  | |
| Principal Place of Business 14835 BELLEZZA LANE NAPLES, FL 34110 | | | Mailing Address 14835 BELLEZZA LANE NAPLES, FL 34110 | | |
| 2. Principal Place of Business 14890 Bellezza Lane Suite, Apt. #, etc. | | | 3. Mailing Address 14890 Bellezza Lane Suite, Apt. #, etc. | | |
| City & State Naples FL | | | City & State Naples FL | | |
| Zip 34110 | | | Zip 34110 | | |
| Country | | | Country | | |
| 4. FEI Number 74-3116510 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent GARLICK, THOMAS B ESQ. 5551 RIDGEWOOD DRIVE, SUITE #101 NAPLES, FL 34108 | | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RUBINTON, JON 14835 BELLEZZA LANE NAPLES, FL 34110 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOULOS, JOE ONE CANAL PLAZA PORTLAND, ME 04101 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LABARCA, JOHN 15 DEERING COURT LAUREL HOLLOW, NY 117919630 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHRENC, ROBERT J 2308 TROON COURT SANIBEL, FL 33957 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| 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: _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 4/6/05 Daytime Phone # 592-0134 | | |

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