FILED May 20, 2005 8:00 am Secretary of State 04-27-2005 90035 016 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L040000429 1. Entity Name ALLEN & JONES, LLC	948			
Principal Place of Business 3640 5TH AVENUE N.W. NAPLES, FL 34120	Mailing Address 3640 5TH AVENUE N.W. NAPLES, FL 34120		30006745	
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04122005 Chg-LLC CR2E083 (10/03)	
City & State	City & State		4. FEI Number Applied For Y 2 - 16689 33 Not Applicable	
Zip — Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Current i	legistered Agent	Name	7. Name and Address of New Registered Agent	
JONES, CARL R 3640 AVENUE N.W.		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
NAPLES, FL 34120		 		
		City	FL Zip Code	
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 Sugreure, typed or protect name of registered agent and stal 4 applicable (NOTE: Registered Agent				
Signature share of herbra sales or september effects a	The state of the s	allow on Allow allows a reduce		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State	
B. MANAGING MEMBE		10.	ADDITIONS/CHANGES	
TITLE MGR NAME JONES, CARL R	C) Detate	TITLE NAME	Change Addition	
STREET ADDRESS 3640 5TH AVENUE N.W.		STREET ADDRESS CITY-ST-ZIP		
TITLE MGR	☐ Deleta	ıur t	Ctrange Addition	
HAME ALLEN, JAMES D STREET ADDRESS 267 AIRPORT RD S		NAME STREET ADDRESS		
CITY-SI-ZP NAPLES, FL 33942		CITY-ST-ZIP		
TITLE MANE STREET ADDRESS	□ Daleto	NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP		CITY-ST-DP		
TITLE NAME STREET ADDRESS	🗀 Oeleta	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Deteta	time time	☐ Change ☐ Addision	
NAME		NAME STREET ADORESS	- · · -	
STREET ADDRESS CITY-ST-RP		CITY-S1-ZIP		
TITLE NAME	☐ Delate	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS City-St-21P		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). 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 affect as if made under oath, that I am a managing member or manager of the				
limited liability company or the receiver or turbe	e empowered to execute this re	port as required by Cha	opter 608, Florida Statutes.	
SIGNATURE			4-20:05 364	
BIGHNATURE AND TIPED OR PRINTED HAME OF SIGNIO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dynne Prone of				