2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078524

Entity Name: JONES SERVICES LLC

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

809 VALNERA CT. 349 OLD PLANTATION DR. ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

809 VALNERA CT. 349 OLD PLANTATION DR. ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086

FEI Number: 20-1850733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JONES, WAYNE L
107 QUEEN ROAD
ST AUGUSTINE, FL 32086 US
JONES, WAYNE L
349 OLD PLANTATION DR.
ST AUGUSTINE, FL 32086 US

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: WAYNE JONES 03/28/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 JONES, WAYNE L
 Name:
 JONES, WAYNE L

 Address:
 809 VALNERA CT.
 Address:
 349 OLD PLANTATION DR.

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086
 City-St-Zip:
 SAINT AUGUSTINE, FL 32086

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 WILT, MELISSA K
 Name:

 Address:
 809 VALNERA CT.
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE JONES MGR 03/28/2008