


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90008 032 \*\*\*\*50.00

<b>DOCUMENT # L04000084377</b>			
1. Entity Name <b>ANTHONY W. JONES, LLC</b>			
Principal Place of Business <b>17011 N.W. 73RD TERRACE TRENTON FL 32693</b>		Mailing Address <b>P.O. BOX 41 BRONSON FL 32621</b>	
2. Principal Place of Business <b>14056 SW 154th ST</b>		3. Mailing Address <b>PO Box 41</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Archer, Fla.</b>		City & State <b>Bronson FL</b>	
Zip <b>32618</b>		Zip <b>32621</b>	
Country <b>Alachua</b>		Country <b>Levy</b>	
4. FEI Number <b>432065474</b>		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 <b>JONES, ANTHONY W 17011 N.W. 73RD TERRACE TRENTON FL 32693</b>		7. Name and Address of New Registered Agent Name <b>Anthony W. Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>14056 SW 154th ST.</b> City <b>Archer</b> FL Zip Code <b>32618</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Principal Anthony Wayne Jones PO Box 41 (14056 SW 154th ST Bronson, FL 32621 Archer FL 32618</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>none</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>none</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>none</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>none</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>none</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>N/A</b>
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: <b>Anthony W Jones LLC</b>		Date <b>7-10-05</b> 352-24-3983	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	