

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058114

Entity Name: JONES SECURITIES, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6741 ISLAND CREEK
SARASOTA, FL 34240

New Principal Place of Business:

1739 SHELBURNE LN
SARASOTA, FL 34238

Current Mailing Address:

6741 ISLAND CREEK
SARASOTA, FL 34240

New Mailing Address:

1739 SHELBURNE LN
SARASOTA, FL 34238

FEI Number: 41-2204008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DON L
6741 ISLAND CREEK RD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

JONES, DON L
1739 SHELBURNE LN
SARASOTA, FL 34238 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: DON L JONES

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, DON L
Address: 6741 ISLAND CREEK
City-St-Zip: SARASOTA, FL 34240

Title: MGRM () Delete
Name: JONES, ELENA M
Address: 6741 ISLAND CREEK
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, DON L
Address: 1739 SHELBURNE LN
City-St-Zip: SARASOTA, FL 34238

Title: MGRM (X) Change () Addition
Name: JONES, ELENA M
Address: 1739 SHELBURNE LN
City-St-Zip: SARASOTA, FL 34238

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: DON L JONES

MGRM

04/27/2009

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