2006 LIMITED LIABILITY COMPANY

SIGNATURE:

Jun 06, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2006 90037 038 ****50.00 **DOCUMENT #L05000069676** 1. Entity Name A.J. JONES DEVELOPMENT, LLC. Principal Place of Business Mailing Address 30009728 7944 W. NATIVE DANCER COURT P.O. BOX 3395 DUNNELLON, FL 34433 DUNNELLON, FL 34430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 56-2524847 Not Applicable Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, KEITH R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1143 N. LYLE AVENUE CRYSTAL RIVER, FL 34229 City 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, JILL ANNETTE NAME STREET ADDRESS P.O. BOX 3395 STREET ADDRESS CITY-ST-7/P **DUNNELLON, FL 34430** CITY.ST. 71P TITLE ☐ Delete TITLE Addition NAME HAME STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - ISTLE --- --C Delete TITLE Chance: Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

4-6-06

Jones

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