


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 16, 2008 08:00 A  
Secretary of State**


**DOCUMENT # L05000069676**  
1. Entity Name  
A.J. JONES DEVELOPMENT, LLC.



Principal Place of Business  
7944 W. NATIVE DANCER COURT  
DUNNELLON, FL 34433

Mailing Address  
P.O. BOX 3395  
DUNNELLON, FL 34430

**DO NOT WRITE IN THIS SPACE**



03312008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2524847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, KEITH R ESQ.  
1143 N. LYLE AVENUE  
CRYSTAL RIVER, FL 34229

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JILL ANNETTE P.O. BOX 3395 DUNNELLON, FL 34430
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04/29/08-80039-012 138.75

**DO NOT WRITE  
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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.

SIGNATURE: *Jill Jones* Jill Jones 4-15-08 352-795-4483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #