2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2008
Secretary of State

DOCUMENT# L05000087835

Entity Name: B. JONES INVESTMENTS LLC

Current Principal Place of Business:

1851 HWY A1A
4102
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

545 SOLITAIRE PALM DR.
INDIALANTIC, FL 32903 US

Current Mailing Address:

1851 HWY A1A
4102
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

545 SOLITAIRE PALM DR.
INDIALANTIC, FL 32903 US

FEI Number: 13-4306983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, BARBARA A
1851 HWY A1A
4102
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

JONES, BARBARA A
545 SOLITAIRE PALM DR.
INDIALANTIC, FL 32903 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: BARBARA JONES 06/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JONES, BARBARA A
Address: 1851 HWY. A1A SUITE 4102
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JONES, BARBARA A
Address: 545 SOLITAIRE PALM DR.
City-St-Zip: INDIALANTIC, FL 32903 US

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: BARBARA JONES PRES 06/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date