

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000105132

1. Entity Name
PRYCE-JONES ENTERPRISES, LLC



Principal Place of Business
1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259 US

Mailing Address
1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259 US



03202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3695687	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR
2640 GOLDEN GATE PARKWAY
SUITE 205
NAPLES, FL 34105

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRYCE-JONES, ROBERT S 1170 HOLLY OAKS COURT JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRYCE-JONES, SABINA L 1170 HOLLY OAKS COURT JACKSONVILLE, FL 32259
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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: *Sabina Pryce Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

25 MAR 2007

Date

904-230-9804

Daytime Phone #