2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L06000018585

1. Entity Name

JONES TOWING, LLC

Principal Place of Business	Mailing Address
3686 WOODVILLE HWY TALLAHASSEE FL 32305	P.O. BOX 5281 TALLAHASSEE FL 32314

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 3686 Woodville Hwy.	3. Mailing Address: P.O. Box 5281
Suite, Apt. #, etc.: —	Suite, Apt. #, etc: —
City & State: Tall. Fl.	City & State: Tall. Fl.
Zip: 32305 Country: USA	Zip: 32314 Country: USA

4. FEI Number 16-1717328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PAMELA R
3686 WOODVILLE HWY
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 the ob[illegible] gistered 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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DAVID J 3686 WOODVILLE HWY TALLAHASSEE FL 32305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000857227 03/31/08-80006-012 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, PAMELA R 3686 WOODVILLE HWY TALLAHASSEE FL 32305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Pamela R [signature] 03.11.08 671-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #