

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024115

FILED
Apr 30, 2007
Secretary of State

Entity Name: QC JONES LLC

Current Principal Place of Business:

4424 WALTHAM DR.
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

4424 WALTHAM DR.
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 77-0660679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, JUAN E
4424 WALTHAM DR.
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUNONES, JUAN E
Address: 4424 WALTHAM DR.
City-St-Zip: TAMPA, FL 33634 US

Title: MGR () Delete
Name: QUINONES, JENNY H
Address: 4424 WALTHAM DR.
City-St-Zip: TAMPA, FL 33634 US

Title: MGR () Delete
Name: GONZALEZ, DENNIS R
Address: 1006 CANAL ST.
City-St-Zip: TAMPA, FL 33570 US

Title: MGR () Delete
Name: GONZALEZ, CAROL A
Address: 1006 CANAL ST.
City-St-Zip: TAMPA, FL 33570 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUAN E QUINONES

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date