

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027017

Entity Name: JONESBERRY BOOKS LLC

FILED
May 18, 2007
Secretary of State

Current Principal Place of Business:

TIOGA TOWN CENTER, NEWBERRY RD.
TIOGA, FL 32669

New Principal Place of Business:

12921 SW 1ST ROAD #115
JONESVILLE, FL 32669

Current Mailing Address:

18515 NW 28TH PLACE
NEWBERRY, FL 32669

New Mailing Address:

12921 SW 1ST ROAD #115
JONESVILLE, FL 32669

FEI Number: 20-4484483 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:

TARBOX, CATHERINE C
18515 NW 28TH PLACE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

TARBOX, CATHERINE C
12921 SW 1ST ROAD, #115
JONESVILLE, FL 32669 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: _____

05/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TARBOX, CATHERINE C
Address: 18515 NW 28TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: MGR () Delete
Name: TARBOX, GILLETTE C
Address: 18515 NW 28TH PLACE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

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: CATHERINE TARBOX

MGR

05/18/2007

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