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

5/1

FILED
Jun 06, 2008 8:00 am
Secretary of State
05-12-2008 90121 030 ***138.75

DOCUMENT # L06000079378

1. Entity Name

JONES FAMILY TRUST, LLC

Principal Place of Business	Mailing Address
103 5TH AVENUE HOWEY-IN-THE-HILLS FL 34737 US	103 5TH AVENUE HOWEY-IN-THE-HILLS FL 34737 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0633771 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CYRUS, ROBERT R
214 NORTH THIRD STREET
A
LEESBURG FL 34748

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 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

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

TITLE	MGRM	☐ Delete
NAME	HINCKLEY, PATRICIA J	
STREET ADDRESS	103 5TH AVENUE	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	MGRM	☐ Delete
NAME	JONES, GREGORY A	
STREET ADDRESS	319 WEST CENTRAL AVENUE	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Patricia J. Hinckley 4/21/08 (352) 636-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

- re-filed 6/2/08

ATTACHMENT
#2006008460430007937878

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

0134871402

Your Telephone Number: (352) 636-2691

Best Time to Call: 8:00A-3:00P

DATE OF THIS NOTICE: 05-03-2007
EMPLOYER IDENTIFICATION NUMBER: 51-0633171
FORM: SS-4
NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

JONES FAM TR LLC
PATRICIA J HINCKLEY MBR
103 5 TH AVE
HOWEY IN THE HILLS FL 34737