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

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

1st MOORE CR2E083 (10/07)

4. FEI Number 51-0633171 ~~APPLIED FOR~~ — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CYRUS, ROBERT R 214 NORTH THIRD STREET A LEESBURG FL 34748	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when changing.

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

Patricia J. Hinckley - re-filed 6/2/08

ATTACHMENT
#30088604
#60000793

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
8:00AM-3:00PM

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