FILED 2007 LIMITED LIABILITY COMPANY Feb 09, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000112837** 1. Entity Name 02-09-2007 90069 048 ****50.00 JONES & ASSOCIATES REALTY INVESTMENTS, LLC Principal Place of Business Mailing Address 4852 WINDINGBROOK TRAIL 4852 WINDINGBROOK TRAIL WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02042007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

Applied For

SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE Addition ☐ Change JONES, RODERICK J NAME NAME STREET ADDRESS 4852 WINDINGBROOK TRAIL STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, ROBIN F STREET ADDRESS 4852 WINDINGBROOK TRAIL STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME PRUNO, MALCOLM J NAME STREET ADDRESS 4852 WINDINGBROOK TRAIL STREET ADDRESS CITY-ST-7IP WESLEY CHAPEL, FL. 33543 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition JONES, RODERICK J NAME STREET ADDRESS 4852 WINDINGBROOK TRAIL STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 amovered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: BER, MANAGER, OR AUTHOR

STREET ADDRESS

CITY-ST-7.P