

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005059

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** JONES ANOTHER DIMENSION ENTERPRISES, LLC

**Current Principal Place of Business:**

1268 NW 165TH AVENUE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1268 NW 165TH AVENUE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 27-1689881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, OTHEL  
1100 S. STATE ROAD 7, STE 200A  
MARGATE, FL 33068 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:** MGR  
**Name:** JONES, MICHAEL  
**Address:** 1268 NW 165TH AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** MGR  
**Name:** JONES, CATHERINE  
**Address:** 1268 NW 165TH AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33028

I hereby 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:** MICHAEL J. JONES

MGR

02/04/2011

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