


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90213 003 ***150.00

DOCUMENT # L98000000585
 1. Entity Name
 T.R. JONES & COMPANY OF BROWARD, L.C.




Principal Place of Business
 1780 NORTH KROME AVENUE
 HOMESTEAD, FL 33030

Mailing Address
 P.O. BOX 901505
 HOMESTEAD, FL 33090

DO NOT WRITE IN THIS SPACE

24010180



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0834671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUND, L. ALAN
 1780 NORTH KROME AVENUE
 HOMESTEAD, FL 33030

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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 signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JONES, THOMAS R JR. 1780 NORTH KROME AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LUND, L. ALAN 1780 NORTH KROME AVENUE HOMESTEAD, FL 33030
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *L Alan Lund* Date: *02/06/04* Daytime Phone #: *305-246-7502*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE