2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# L99000000668

Entity Name: JONES PROPERTIES, LLC

Current Principal Place of Business:

301 W. PLATT ST.
#150
TAMPA, FL 33606

New Principal Place of Business:

301 W. PLATT ST.
#393
TAMPA, FL 33606

Current Mailing Address:

301 W. PLATT ST.
#150
TAMPA, FL 33606

New Mailing Address:

301 W. PLATT ST.
#393
TAMPA, FL 33606

FEI Number: 59-3556341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, CHRISTOPHER O
301 W. PLATT ST.
#150
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

JONES, CHRISTOPHER O
301 W. PLATT ST.
#393
TAMPA, FL 33606 US

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: _____ 01/29/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: JONES, CHRISTOPHER O
Address: 301 W. PLATT ST.
City-St-Zip: TAMPA, FL 33606

Title: MGR ( ) Delete
Name: JONES, COLLEEN S
Address: 301 W. PLATT ST.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JONES, CHRISTOPHER O
Address: 301 W. PLATT ST., #393
City-St-Zip: TAMPA, FL 33606

Title: MGR (X) Change ( ) Addition
Name: JONES, COLLEEN S
Address: 301 W. PLATT ST., #393
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER O. JONES MGR 01/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date