

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006125

1. Entity Name
PRYCE-JONES LEASING, LLC



Principal Place of Business

**1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259**

Mailing Address

**1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259**



05192006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3687720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR.
2640 GOLDEN GATE PARKWAY
SUITE 205
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
Due by September 6, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PRYCE JONES, ROBERT S
1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PRYCE JONES, SABINA L
1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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05/25/06-80006-013 55.00

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IN THIS SPACE**

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sabina Pryce Jones* **SABINA PRYCE-JONES** *1 May 708-6700*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *2006* Daytime Phone # *(904)*