

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 13 AM 11:46

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2004

DOCUMENT # A94000001791

1. Entity Name
 JACOBSON FAMILY, LTD.



Principal Place of Business Mailing Address
 301 S. LAKE ST 301 S. LAKE ST
 LEESBURG, FL 34748 LEESBURG, FL 34748

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03222004 Chg-LP CR2E003 (10/03)

4/13

4. FEI Number Applied For
 59-3286933 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, STEWART
 950 S. FEDERAL HIGHWAY
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$637,080.13 10. Amount of Capital Contributions in FLORIDA to date. \$651,690.38

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	JACOBSON, HAL MARTIN 33809 OVERTON DRIVE LEESBURG, FL 34788.	STREET ADDRESS	800032594568 04/13/04--01003--018 **628.52
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Hal M. Jacobson 3/29/04 352-326-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE