
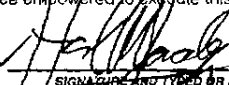


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001791					
1. Entity Name JACOBSON FAMILY, LTD.					
Principal Place of Business 301 S. LAKE ST LEESBURG, FL 34748			Mailing Address 301 S. LAKE ST 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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACOBSON, STEWART 950 S. FEDERAL HIGHWAY HOLLYWOOD, FL 33020				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$651,690.38			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	
NAME				CITY-ST-ZIP	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS		CITY-ST-ZIP	
NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS		CITY-ST-ZIP	
NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS		CITY-ST-ZIP	
NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		Date: 4/20/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	



STAPLE CHECK HERE