

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR 22 AM 11:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03142007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A94000001791</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3286933	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Kenneth Scott</i> Street Address (P.O. Box Number is Not Acceptable) <i>1048 Juliette Blvd</i> City <i>Mt Dora</i> FL Zip Code <i>32757</i>		
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 <i>Kenneth Scott</i>				DATE	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	JACOBSON, HAL MARTIN				
	STREET ADDRESS		CITY - ST - ZIP		
	33809 OVERTON DRIVE				
	CITY - ST - ZIP				
	LEESBURG, FL 34788				
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500095255075 03/29/07--01060--012 **500.00					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Hal Martin</i>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE