

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017260 1. Entity Name ANDREW JACOB INVESTMENTS, LLC					
Principal Place of Business 3239 DEER CHASE RUN LONGWOOD, FL 32779			Mailing Address P.O. BOX 231 ORLANDO, FL 32802-0231		
2. Principal Place of Business		3. Mailing Address 3239 Deer Chase Run			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Longwood, Florida			
Zip	Country	Zip	Country	4. FEI Number 04-3702648	
32779	U.S.	32779	U.S.	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOEZ, GINA 128 WEST BROADWAY, SUITE 200 OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name CorpDirect Agents Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee	
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.				DATE 9/5/06	
SIGNATURE <i>Cynthia A. Hicks</i> Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent's signature required when releasing)				DATE	
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERRIGAN, RICHARD AP 128 WEST BROADWAY, SUITE 200 OVIEDO, FL 32765	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHOEZ, GINA 128 WEST BROADWAY, SUITE 200 OVIEDO, FL 32765	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Sheila Merrigan 3239 Deer Chase Run Longwood, FL 32779	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500079728265 09/12/06--01060--015 **\$50.00	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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: <i>Thomas L. Raleigh</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Thomas L. Raleigh, Esquire Authorized Representative Sept. 5, 2006 407-423-4000	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08102008 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3702648

Applied For
Not Applicable

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

CHOEZ, GINA
128 WEST BROADWAY, SUITE 200
OVIEDO, FL 32765

Name
CorpDirect Agents
Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

City Tallahassee FL Zip Code 32301

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