

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120778

Entity Name: JACOBSEN ASSOCIATES, LLC

FILED  
Mar 30, 2006  
Secretary of State

**Current Principal Place of Business:**

6929 PHILLIPS PARKWAY DRIVE, SOUTH  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

6929 PHILLIPS PARKWAY DRIVE, SOUTH  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRESE, GARY B  
930 S. HARBOR CITY BLVD., SUITE 505  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JACOBSEN, JAMES J  
Address: 6929 PHILLIPS PARKWAY DRIVE, SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES JACOBSEN

MGR

03/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date