


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000132					
1. Entity Name THE JACOBS REAL ESTATE INVESTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 5645 LAKEVIEW MEWS DRIVE BOYNTON BEACH FL 33437			Mailing Address 5645 LAKEVIEW MEWS DRIVE BOYNTON BEACH FL 33437		
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 57-1148519	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP			CITY - ST - ZIP	
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DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP			CITY - ST - ZIP	
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>Silva Jacobs</i>				4/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



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