

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002200</b> 1. Entity Name <b>JACOBS FAMILY, LTD.</b>					
Principal Place of Business <b>C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPAÑO BEACH, FL 33062</b>			Mailing Address <b>C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPAÑO BEACH, FL 33062</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-6223477</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCOTT, W THORNTON ESQ. C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPAÑO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, 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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	JACOBS, IVAN H		CITY - ST - ZIP		
STREET ADDRESS	1080 SADDLEBROOK ROAD		CITY - ST - ZIP		
CITY - ST - ZIP	MOUNTAINSIDE, NJ 07092		CITY - ST - ZIP		
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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:			IVAN H. JACOBS 2/1/06 908522 0741		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



01242006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-6223477 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #