

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90026 049 \*\*\*\*\*50.00

0006307

**DOCUMENT # L00000001861**

1. Entity Name

**JACOBSON LIME GROVE, L.L.C.**

Principal Place of Business

**1110 BRICKELL AVE., 7TH FLOOR  
MIAMI FL 33131**

Mailing Address

**1110 BRICKELL AVE., 7TH FLOOR  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**31 Star Island**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**31 Star Island**

City &amp; State

**Miami Beach, FL**

City &amp; State

**Miami Beach, FL**

Zip

**33139**

Country

**US**

Zip

**33139**

Country

**US**

4. FEI Number

**65-0995560**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVINE, ROBERT J ESQ.  
1110 BRICKELL AVE., 7TH FLOOR  
MIAMI FL 33131**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGR</b>			
	<b>JACOBSON, SAM</b>			
	<b>1110 BRICKELL AVE., 7TH FLOOR</b>			
	<b>MIAMI FL 33131</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>HOB</b>				
	<b>JACOBSON, SAM</b>				
	<b>31 Star Island</b>				
	<b>Miami Beach, FL 33139</b>				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/23/02 305-531-0282**

CR2E083 (9/01)