

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L0000007478

1. Entity Name
JACOBS LANDING, LLC



**FILED
Mar 21, 2005 8:00 am
Secretary of State**

03-21-2005 90534 047 ****50.00

20040101



02032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3655075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
2020 W. PENSACOLA STE 207
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEONI, LLC
STREET ADDRESS	235 OCALA ROAD SOUTH
CITY-ST-ZIP	TALLAHASSEE, FL 32304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

03-15-05

5803131

Date

Daytime Phone #