# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 20, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L00000014346

1. Entity Name
THE F.H. JACOBSON MANAGEMENT, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 3405 HIGHLANDS BRIDGE ROAD<br>SARASOTA, FL 34235 | 3405 HIGHLANDS BRIDGE ROAD<br>SARASOTA, FL 34235 |

**DO NOT WRITE IN THIS SPACE**

01302006No Chg-LLC CR2E083 (11/05)

4. FEI Number
22-3752241
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, FREDERIKA H
3405 HIGHLANDS BRIDGE ROAD
SARASOTA, FL 34235

**DO NOT WRITE IN THIS SPACE**

7. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

000000441747
03/03/06-80046-018 50.00

8. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | JACOBSON, FREDERIKA |
| STREET ADDRESS | 3405 HIGHLANDS BRIDGE ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34235 |
| TITLE | MGRM |
| NAME | JACOBSON, GARY |
| STREET ADDRESS | 99 SUSAN LANE |
| CITY-ST-ZIP | CHATHAM, NJ 07928 |
| TITLE | MGRM |
| NAME | JACOBSON, LANCE |
| STREET ADDRESS | 74 WEST ST |
| CITY-ST-ZIP | MEDFIELD, MA 02052 |
| TITLE | MGRM |
| NAME | JACOBSON, ERIC |
| STREET ADDRESS | 2210 WALKER CT |
| CITY-ST-ZIP | PHENIX CITY, AL 36867 |
| TITLE | MGRM |
| NAME | JACOBSON, JEFFREY |
| STREET ADDRESS | 28 BABE RUTH DR |
| CITY-ST-ZIP | SUDBURY, MA 01776 |
| TITLE | MGRM |
| NAME | MARKOWITZ, CINDY J |
| STREET ADDRESS | 89 MEADOW LANE |
| CITY-ST-ZIP | BOXBOROUGH, MA 01719 |

**DO NOT WRITE IN THIS SPACE**

11. 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 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:** Frederika H Jacobson 2/1/06 (941)378-9632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #