

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE-BY MAY 1, 2008

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000014346	
1. Entity Name THE F.H. JACOBSON MANAGEMENT, L.L.C.	

Principal Place of Business 3405 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235	Mailing Address 3405 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E083 (10/07)

4. FEI Number 22-3752241	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JACOBSON, FREDERIKA H 3405 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent's signature not required for this filing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, FREDERIKA 3405 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000841595 03/10/08-80024-003 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, GARY 99 SUSAN LANE CHATHAM NJ 07928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, LANCE 74 WEST ST MEDFIELD MA 02052 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, ERIC 2210 WALKER CT PHENIX CITY AL 36867 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, JEFFREY 28 BABE RUTH DR SUDBURY MA 01776 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOWITZ, CINDY J 99 MEADOW LANE BOXBOROUGH MA 01719 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 838, Florida Statutes.

SIGNATURE: *Fredrika H. Jacobson, mgmbr* **2/23/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Signature Printed Name