

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015031

Entity Name: AJJ JACOBS FAMILY, LC

FILED  
Jan 26, 2012  
Secretary of State

## Current Principal Place of Business:

2607 TWINFLOWER LANE  
NAPLES, FL 34105

## New Principal Place of Business:

## Current Mailing Address:

2607 TWINFLOWER LANE  
NAPLES, FL 34105

## New Mailing Address:

FEI Number: 59-3708318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBS, JOYCE L  
2607 TWINFLOWER LANE  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: JACOBS, JOYCE L PRES  
Address: 2607 TWINFLOWER LANE  
City-St-Zip: NAPLES, FL 34105

Title: MGRM  
Name: JACOBS, ARTHUR H VP  
Address: 2607 TWINFLOWER LANE  
City-St-Zip: NAPLES, FL 34105

Title: MGRM  
Name: JACOBS, JAMIE VP  
Address: 2607 TWINFLOWER LANE  
City-St-Zip: NAPLES, FL 34105

Title: MGRM  
Name: JACOBS, ARTHUR H VP  
Address: 2607 TWINFLOWER LANE  
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM  
Name: JACOBS, JAMIE L VP  
Address: 2607 TWINFLOWER LANE  
City-St-Zip: NAPLES, FL 34105 US

Title: MGR  
Name: JACOBS, JOYCE L PRES  
Address: 2607 TWINFLOWER LANE  
City-St-Zip: NAPLES, FL 34105 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOYCE L JACOBS

MGR

01/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date