

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000015031

FILED
Apr 04, 2003
Secretary of State

Entity Name: AJJ JACOBS FAMILY, LC

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/MEMBERS:

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

Title: VP () Delete
Name: JACOBS, ARTHUR
Address: 2607 TWINFLOWER LANE
City-St-Zip: NAPLES, FL 34105

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: JACOBS, JAMIE VP
Address: 2607 TWINFLOWER LANE
City-St-Zip: NAPLES, FL 34105

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOYCEJACOBS

MGR

04/04/2003

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