

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90117 045 ***150.00

DOCUMENT # L00000015623

1. Entity Name

JACOBSON FAMILY, L.L.C.



Principal Place of Business

P.O. BOX 43-1329
C/O ROBERT JACOBSON
MIAMI FL 33143

Mailing Address

P.O. BOX 43-1329
C/O ROBERT JACOBSON
MIAMI FL 33143

24062806



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1074663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, ROBERT E
2401 ANDERSON ROAD APT 1
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

CAROL SOLOMON

Street Address (P.O. Box Number is Not Acceptable)

1900 West Commercial Blvd

Suite 137

City

Ft Lauderdale

FL

Zip Code

33309

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

Carol Solomon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JACOBSON, ROBERT E
STREET ADDRESS P.O. BOX 43-1329
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE MGR
NAME JACOBSON, MARITZA
STREET ADDRESS P.O. BOX 43-1329
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE PRESIDENT
NAME JACOBSON, Robert
STREET ADDRESS P.O. Box 43-1329
CITY-ST-ZIP Miami, FL 33243 ☒ Change ☐ Addition

TITLE VP
NAME JACOBSON, MARITZA
STREET ADDRESS P.O. Box 43-1329
CITY-ST-ZIP Miami, FL 33243 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert Jacobson 3/1/04 (305) 213-7712
Date Daytime Phone #