

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003129

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: JACOBUS REAL ESTATE HOLDINGS, L.L.C.

## Current Principal Place of Business:

5771 COACH HOUSE CIRCLE  
#E  
BOCA RATON, FL 33486

## New Principal Place of Business:

5771 COACH HOUSE CIRCLE  
#E  
BOCA RATON, FL 33486 US

## Current Mailing Address:

5771 COACH HOUSE CIRCLE  
#E  
BOCA RATON, FL 33486

## New Mailing Address:

5771 COACH HOUSE CIRCLE  
#E  
BOCA RATON, FL 33486 US

FEI Number: 65-0148657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBUS, LINDA L DR.  
5771 COACH HOUSE CIRCLE  
#E  
BOCA RATON, FL 33486 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 ( ) Delete  
Name: JACOBUS, LINDA L DR.  
Address: 5771 COACH HOUSE CIRCLE #E  
City-St-Zip: BOCA RATON, FL 33486

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: OWEN, ELISE M  
Address: 141 EAST 61ST STREET #4D  
City-St-Zip: NEW YORK, NY 10021 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELISE M. OWEN

MGR

04/16/2008

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