

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000003338 1. Entity Name JACOBY ENTERPRISES, L.L.C.	
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Principal Place of Business 1010 W PEBBLE BEACH CIRCLE WINTER SPRINGS, FL 32708	Mailing Address 1010 W PEBBLE BEACH CIRCLE WINTER SPRINGS, FL 32708
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01122004 No Chg-LLC

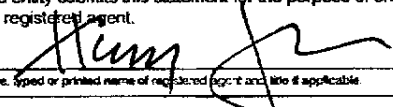
CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720373	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBY, HARVEY 833 LEE ROAD, 1ST FLOOR ORLANDO, FL

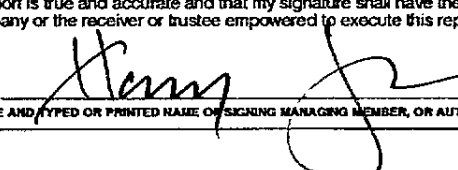
DO NOT WRITE IN THIS SPACE

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: 	HARVEY JACOBY	1/18/04
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reestablishing)	DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBY, HARVEY 1010 PEBBLE BEACH CIRCLE WEST WINTER SPRINGS, FL 327084210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBY, JANICE J 1010 PEBBLE BEACH CIRCLE WEST WINTER SPRINGS, FL 327084210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000013659 01/26/04-80062-012 50.00 DO NOT WRITE IN THIS SPACE

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: 	4073636102	1/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #