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.

Principal Place of Business	Mailing Address
1010 W PEBBLE BEACH CIRCLE WINTER SPRINGS, FL 32708	1010 W PEBBLE BEACH CIRCLE WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC CR2E083 (10/03)

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
933 LEE ROAD, 1ST FLOOR
ORLANDO, FL

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

Filing Fee is $50.00
Due by May 1, 2004

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

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01/26/04-80062-012 50.00

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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. 4073656102

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