


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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| 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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01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3720373 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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**Filing Fee is \$50.00
Due by May 1, 2007**

| 8. MANAGING MEMBERS/MANAGERS | |
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| 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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| <p>U000000583261 01/11/07-80063-019 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Harvey Jacoby</i> HARVEY JACOBY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 1/8/07 407 645 5008 <small>Date Daytime Phone #</small> |
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