

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000011146 1. Entity Name JACOBY ENTERPRISES II, L.L.C.	
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Principal Place of Business
1010 W PEBBLE BEACH CIR
WINTER SPRINGS, FL 32708

Mailing Address
1010 W PEBBLE BEACH CIR
WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0668611

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 RD
1ST FLOOR
ORLANDO, FL 32810

**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

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

(NOTE: Registered Agent signature required when withdrawing)

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	V
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80062-011 50.00

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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #