

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000011146

**1. Entity Name
JACOBY ENTERPRISES II, L.L.C.**



**Principal Place of Business
1010 W PEBBLE BEACH CIR
WINTER SPRINGS, FL 32708**

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



01262006No Chg-LLC

CR2E083 (11/05)

**4. FEI Number
02-0668611**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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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02/18/06-80001-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

HARVEY JACOBY

1/29/06

Date

4076455008

Daytime Phone #