

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007970

Entity Name: JACOBS ENTERPRISES, LLC

FILED  
Jan 26, 2009  
Secretary of State

**Current Principal Place of Business:**

1842 POWELL PLACE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1842 POWELL PLACE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 82-0538253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBS, ROBERT  
1842 POWELL PLACE  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

JACOBS, ROBERT J  
1842 POWELL PLACE  
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: ROBERT J. JACOBS

01/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JACOBS, ROBERT  
Address: 1842 POWELL PLACE  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JACOBS, ROBERT J  
Address: 1842 POWELL PLACE  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J. JACOBS

MGR

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date