



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 27 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019118 1. Entity Name JACOBS LANDING II, LLC					
Principal Place of Business 475 APPEYARD DRIVE LEASING OFFICE TALLAHASSEE, FL 32304			Mailing Address PO BOX 2535 TALLAHASSEE, FL 32316		
BK					
2. Principal Place of Business - No P.O. Box # 2020 W. PENSACOLA STREET		3. Mailing Address Suite, Apt. #, etc. SUITE #27		04192007 Chg-LLC CR2E083 (12/06)	
City & State TALLAHASSEE, FL		City & State 		4. FEI Number 59-3655075	
Zip 32304 Country LEON		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONI, STEVEN M 2020 WEST PENSACOLA ST. SUITE #27 TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN M PO BOX 2535 TALLAHASSEE, FL 32316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 500101627125 05/04/07--01059--019 **50.00 </div>	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/22/07 <small>Date</small>		850-550-3134 <small>Daytime Phone #</small>