


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28/04

FILED
Jul 12, 2004 8:00 am
Secretary of State

04-28-2004 90072 004 ****55.00

DOCUMENT # L03000012794					
1. Entity Name JACOBO LLC					
Principal Place of Business 2875 N.E. 191 STREET, PENTHOUSE 1 AVENTURA, FL 33180			Mailing Address 2875 N.E. 191 STREET, PENTHOUSE 1 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KLEIN, TED 88 NE 168 STREET NORTH MIAMI BEACH, FL 33162				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AZOUT, JACK		NAME		
STREET ADDRESS	2875 N.E. 191 STREET, PENTHOUSE 1		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 808, Florida Statutes.					
SIGNATURE: <i>Jack Azout</i>		Date: <i>4/26/04</i>		Daytime Phone #: <i>(305) 935-5175</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

34009212



01142004 Chg-LLC CR2E083 (10/03)

Applied For
 Not Applicable

FL Zip Code

Make check payable to
 Florida Department of State

SIGNATURE: *Jack Azout* Date: *4/26/04* Daytime Phone #: *(305) 935-5175*

Attachment

GILAZO
DEVELOPMENT
GROUP

34009212

July 8, 2004

Via Federal Express

Division of Corporation
P.O. Box 6478
Tallahassee, Fl 32314

RE: **Jacobo LLC**
#L03000012794

We are receipt of notice of Intent to Dissolve, please find the completed annual report. We have checked box 4 not applicable. This is a single member LLC and there is no requirement for a federal identification number.

If you have any questions please do not hesitate to contact us.

Sincerely,

Jacobo LLC



Mayda Fernandez