

Apr. 25, 2007 8:24AM

LUNDY & SHACTER PA

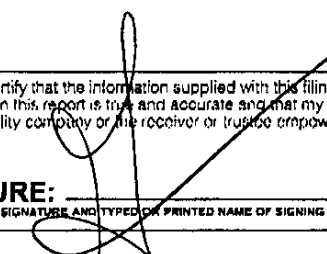
No. 2422 P. 3

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000023136					
1. Entity Name JACOBS FUNERAL SERVICES L L C					
Principal Place of Business 9050 KIMBERLY BLVD #65-66 BOCA RATON, FL 33434			Mailing Address 9050 KIMBERLY BLVD #65-66 BOCA RATON, FL 33434		
2. Principal Place of Business - No P.O. Box # Suite, Apt. # etc			3. Mailing Address Suite, Apt. # etc		
City & State			City & State		
Zip	Country	Zip	Country	04202007 Chg-LLC CR2E083 (12/08) 4. FEI Number 45-0519493 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEUTSCH, STEVEN W ESQ. C/O FRANK, WEINBERG & BLACK, P L 7805 S.W. 6TH COURT PLANTATION FL 33324				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 resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JACOBS, GARRETT 6 GLAMIS WAY BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

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 606, Florida Statutes.

SIGNATURE:  **4/27/07 56 852 4332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____