


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 016 ****50.00

DOCUMENT # L04000062689					
1. Entity Name STEPHANIE JACOBS LLC					
Principal Place of Business 11416 BRAHMAN RD LITHIA, FL 33547 US			Mailing Address P O BOX 954 MANGO, FL 33550 US		
2. Principal Place of Business <u>10616 Skewlec gardens Dr.</u>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Thonotosassa FL 33592</u>		City & State		4. FEI Number <u>55-0879763</u>	
Zip <u>33592</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, STEPHANIE 11416 BRAHMAN RD LITHIA, FL 33547			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>10616 Skewlec gardens Dr.</u> City <u>Thonotosassa</u> FL Zip Code <u>33592</u>		
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 <u>Stephanie Jacobs</u>		SIGNATURE <u>Stephanie Jacobs</u>		DATE <u>8/13/05</u>	
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACOBS, STEPHANIE 11416 BRAHMAN RD LITHIA, FL 33547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>10616 skewlec gardens Dr.</u> <u>Thonotosassa, FL</u> <u>33592</u>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 608, Florida Statutes.					
SIGNATURE: <u>Stephanie Jacobs</u>		SIGNATURE <u>Stephanie Jacobs</u> 8/13/05 813434-7472			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			