2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

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Entity Name: JACOBS REAL ESTATE - MIAMI, LLC

Current Principal Place of Business:

1231 SOUTHEAST FIRST STREET, APT. #14
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

72 PUERTO VIEJO TRAIL
HENDERSON, NV 89074

Current Mailing Address:

P.O. BOX 2212
FT. LAUDERDALE, FL 33303

New Mailing Address:

72 PUERTO VIEJO TRAIL
HENDERSON, NV 89074

FEI Number: 34-2015176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JACOBS, EDWARD
Address: P.O. BOX 2212
City-St-Zip: FT. LAUDERDALE, FL 33303

Title: MGRM ( ) Delete
Name: JACOBS, COLIN
Address: P.O. BOX 2212
City-St-Zip: FT. LAUDERDALE, FL 33303

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JACOBS, EDWARD
Address: 72 PUERTO VIEJO TRAIL
City-St-Zip: HENDERSON, NV 89074

Title: MGRM (X) Change ( ) Addition
Name: JACOBS, COLIN
Address: 72 PUERTO VIEJO TRAIL
City-St-Zip: HENDERSON, NV 89074

I hereby certify that the information supplied with this filing does not qualify for the 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: COLIN JACOBS MGRM 01/26/2006

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