


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000028008</b> 1. Entity Name RALPH JACOBS, LLC	
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Principal Place of Business 8610 THIMBLEBERRY LANE TAMPA, FL 33635 US	Mailing Address 8610 THIMBLEBERRY LANE TAMPA, FL 33635 US
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-8563457	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, RALPH  
8610 THIMBLEBERRY LANE  
TAMPA, FL 33635

**DO NOT WRITE  
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBS, RALPH 8610 THIMBLEBERRY LANE TAMPA, FL 33635
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05/10/07-80015-018 55.00

**DO NOT WRITE  
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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: Ralph Jacobs 4/24/07 813-494-3396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #