2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# L08000094303

Entity Name: JACOB AUTOMOTIVE, LLC

Current Principal Place of Business:

300 N. NASSAU STREET
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

300 N. NASSAU STREET
VENICE, FL 34285

New Mailing Address:

FEI Number: 26-3484582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOB, CLAYTON E
300 N. NASSAU STREET
VENICE, FL 34285 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: JACOB, CLAYTON E
Address: 300 NASSAU ST. N
City-St-Zip: VENICE, FL 34285

Title: MR ( ) Change (X) Addition
Name: JACOB, COY G
Address: 300 NASSAU ST. N
City-St-Zip: VENICE, FL 34285

Title: MR ( ) Change (X) Addition
Name: JACOB, TIMMY L
Address: 1279 THOREAU CIR
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify 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: CLAYTON JACOB MR 08/28/2009

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