

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000010

FILED
Apr 29, 2004
Secretary of State

Entity Name: JOEL E. JACOBSON, LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE- SUITE 904
CORAL SPRINGS, FL 330656312

New Principal Place of Business:

3300 UNIVERSITY DRIVE
SUITE 904
CORAL SPRINGS, FL 330656312

Current Mailing Address:

3300 UNIVERSITY DRIVE- SUITE 904
CORAL SPRINGS, FL 330656312

New Mailing Address:

3300 UNIVERSITY DRIVE
SUITE 904
CORAL SPRINGS, FL 330656312

FEI Number: 65-0883962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, JOEL E
3300 UNIVERSITY DRIVE- SUITE 904
CORAL SPRINGS, FL 330656312 US

Name and Address of New Registered Agent:

JACOBSON, JOEL E
3300 UNIVERSITY DRIVE
SUITE 904
CORAL SPRINGS, FL 330656312 US

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: JOEL E. JACOBSON

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JACOBSON, JOEL E
Address: 3300 UNIVERSITY DRIVE- SUITE 904
City-St-Zip: CORAL SPRINGS, FL 330656312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JACOBSON, JOEL E
Address: 3300 UNIVERSITY DRIVE - SUITE 904
City-St-Zip: CORAL SPRINGS, FL 330656312

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL E. JACOBSON

MGR

04/29/2004

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