

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000010

Entity Name: JOEL E. JACOBSON, LLC

FILED  
Jul 05, 2007  
Secretary of State

**Current Principal Place of Business:**

1515 UNIVERSITY DRIVE  
SUITE 102-A  
CORAL SPRINGS, FL 330716083

**New Principal Place of Business:**

**Current Mailing Address:**

1515 UNIVERSITY DRIVE  
SUITE 102-A  
CORAL SPRINGS, FL 330716083

**New Mailing Address:**

FEI Number: 65-0883962      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:**

**Name and Address of New Registered Agent:**

JACOBSON, JOEL E  
1515 UNIVERSITY DRIVE  
SUITE 102-A  
CORAL SPRINGS, FL 330716083 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JACOBSON, JOEL E  
Address: 1515 UNIVERSITY DRIVE - SUITE 102-A  
City-St-Zip: CORAL SPRINGS, FL 330716083

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOEL E JACOBSON

MGRM

07/05/2007

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