

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000066128**

**1. Entity Name**  
**JADD PROPERTIES LLC**



**Principal Place of Business**  
**4737 PAPAYA PARK**  
**DESTIN, FL 32541**

**Mailing Address**  
**4737 PAPAYA PARK**  
**DESTIN, FL 32541**



05092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-1590031**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVID, DONALD W**  
**4737 PAPAYA PARK**  
**DESTIN, FL 32541**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                |
|-----------------------|--------------------------------|
| <b>TITLE</b>          | <b>MGRM</b>                    |
| <b>NAME</b>           | <b>DAVID, DONALD W</b>         |
| <b>STREET ADDRESS</b> | <b>4737 PAPAYA PARK</b>        |
| <b>CITY-ST-ZIP</b>    | <b>DESTIN, FL 32541</b>        |
| <b>TITLE</b>          | <b>MGRM</b>                    |
| <b>NAME</b>           | <b>ADAMSON, JEFFERY D</b>      |
| <b>STREET ADDRESS</b> | <b>155 INDIGO</b>              |
| <b>CITY-ST-ZIP</b>    | <b>MIRAMAR BEACH, FL 32550</b> |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |

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05/18/06-80006-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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**

*[Handwritten Signature]*

5/1/06

850-650-266