


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000084520</b> 1. Entity Name JACKHADBEACH, LLC	
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Principal Place of Business 2256 WEST NINE NILE ROAD PENSACOLA, FL 32534	Mailing Address 2256 WEST NINE NILE ROAD PENSACOLA, FL 32534
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01292008 No Chg-LLC

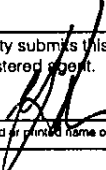
CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  JACKSON, STEVEN L 2256-B WEST NINE MILE ROAD PENSACOLA, FL 32534
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IN THIS SPACE**

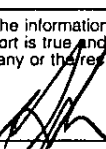
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable	DATE 3/28/08
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**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000874144  
04/10/08-80107-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JACKSON, STEVEN L MGR 3506 BAYSWATER DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HADDER, JAMES T MGR 4167 CASTLE OAK DRIVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  (NOTE: Registered Agent signature required when reinstating) Signature and typed or printed name of signing managing member, or authorized representative	DATE 3/28/08 Date	Daytime Phone #
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