2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# L05000029612

Entity Name: JAD COASTAL MANAGEMENT, LLC

Current Principal Place of Business:

430 LILAC CT
NICEVILLE, FL 32578

New Principal Place of Business:

6224 N. 9TH AVE.
SUITE 1
PENSACOLA, FL 32504

Current Mailing Address:

430 LILAC CT
NICEVILLE, FL 32578

New Mailing Address:

6224 N. 9TH AVE.
SUITE 1
PENSACOLA, FL 32504

FEI Number: 20-2561250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, JONATHAN W MBRM
430 LILAC CT
NICEVILLE, FL FL 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:	MGRM	( ) Delete
Name:	WEEKS, JONATHAN W MBRM	
Address:	430 LILAC CT.	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	MGRM	( ) Delete
Name:	BELLE, DAVID S MBRM	
Address:	1052 ADEN COURT	
City-St-Zip:	MILTON, FL 32583	
Title:	MGMR	( ) Delete
Name:	WILLIAMS, ABNER D	
Address:	629 29TH ST.	
City-St-Zip:	NICEVILLE, FL 32578	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID BELLE MM 02/12/2007

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