

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029612

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: JAD COASTAL MANAGEMENT, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 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: JONATHAN W. WEEKS

PTR

04/15/2008

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