


FILED
Jun 29, 2007 8:00 am
Secretary of State

5/

05-03-2007 90252 025 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

30011355

DOCUMENT # L06000031807			
1. Entity Name JAX ADAMS MANAGEMENT, LLC			
Principal Place of Business 76 SOUTH LAURA STREET SUITE 2110 JACKSONVILLE, FL 32202		Mailing Address 76 SOUTH LAURA STREET SUITE 2110 JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BMD FLORIDA SERVICE, LLC 76 SOUTH LAURA STREET SUITE 2110 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANNA, ANTHONY S 75 EAST MARKET STREET AKRON, OH 44308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Anthony S. Manna</u>		4-27-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT
BRENNAN, MANNA & DIAMOND
ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich
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Fax: (330) 253-1977
Email: akdragolich@bmdllc.com

30011355
#L06000031807

June 26, 2007

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

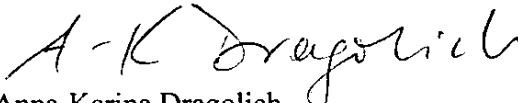
RE: JAX Adams Management, LLC

Dear Sir or Madam:

Enclosed please find the *Corrected* 2007 Annual Report for the above-referenced limited liability company.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,


Anna-Karina Dragolich
Paralegal