

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 27 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000031289

1. Entity Name
3000 SOUTH ADAMS, LLC



Principal Place of Business
3000 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301

Mailing Address
P.O. BOX 2535
TALLAHASSEE, FL 32316



01252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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4. FEI Number
20-2587191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, JOSEPH P ESQUIRE
215 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301

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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 _____

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MMBR
LEONI, STEVEN
PO BOX 2535
TALLAHASSEE, FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUDNICK, JAMES
226 NORTH DUVAL STREET
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MINARDI, DEAN
PO BOX 2535
TALLAHASSEE, FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DOZIER, LAURI
PO BOX 2535
TALLAHASSEE, FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SAULS, JAMES
PO BOX 2535
TALLAHASSEE, FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BK

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05/04/07--01059--024 **50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/07

Date

850-580-3131

Daytime Phone #