


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-09-2007 90344 042 ****50.00

DOCUMENT # L04000036638 1. Entity Name ALBACORE LLC	
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Principal Place of Business 4039E.COUNTYHIGHWAY30A SEAGROVEBEACH,FL32459	Mailing Address 4039E.COUNTYHIGHWAY30A SEAGROVEBEACH,FL32459
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30007088



03212007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1130473	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

PERRY, AMY A
 4477 LEGENDARY DRIVE
 SUITE 202
 DESTIN, FL 32541

DO NOT WRITE 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.

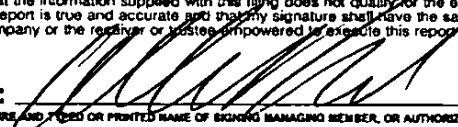
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOUTH WALTON PROPERTIES LLC 4039 E. COUNTY HIGHWAY 30A SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VENTURE SOUTH DEVELOPMENT INC 3471 DONAVILLE STREET DULUTH, GA 30096
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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:  4.30.2007 770.622.2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #