


**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<br>1. Entity Name<br>ALBACORE LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>4039E.COUNTYHIGHWAY30A<br>SEAGROVEBEACH,FL32459 | Mailing Address<br>4039E.COUNTYHIGHWAY30A<br>SEAGROVEBEACH,FL32459 |
|--|--|

30007088



03212007 No Chg-LLC CR2E083 (11/05)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-1130473                               | Applied For<br>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.

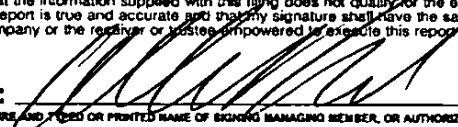
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SOUTH WALTON PROPERTIES LLC<br>4039 E. COUNTY HIGHWAY 30A<br>SEAGROVE BEACH, FL 32459 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>VENTURE SOUTH DEVELOPMENT INC<br>3471 DONAVILLE STREET<br>DULUTH, GA 30096             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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 #