

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036638

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: ALBACORE LLC

**Current Principal Place of Business:**

42 BUSINESS CENTRE DRIVE  
SUITE 106  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

1397 BUFORD BUSINESS BLVD  
SUITE 500  
BUFORD, GA 32550

**New Mailing Address:**

42 BUSINESS CENTRE DRIVE  
SUITE 106  
DESTIN, FL 32550

FEI Number: 20-1130473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PELICAN REAL ESTATE  
42 BUSINESS CENTRE DRIVE  
SUITE 106  
DESTIN, FL 32550 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: SOUTH WALTON PROPERT, IES LLC  
Address: 42 BUSINESS CENTRE DRIVE, SUITE 106  
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Delete  
Name: VENTURE SOUTH DEVELO, PMENT INC  
Address: 1397 BUFORD BUSINESS BLVD, SUITE 500  
City-St-Zip: BUFORD, GA 32550

**ADDITIONS/CHANGES:**

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: WILLIAM H SMITH

MGRM

02/24/2009

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