

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

02-14-2005 90181 002 ****50.00

DOCUMENT # L04000084668 1. Entity Name SOUTH ADAMS VENTURE, LLC					
Principal Place of Business 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 4288 TALLAHASSEE, FL 32315-4288		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUFORD, A L III 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303				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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUFORD, A L III 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Albert R Buford</i>				2/9/05 850-385-6363	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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02092005 Chg-LLC CR2E083 (10/03)

FBI Number **37-1500809** Applied For Not Applicable