


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000084668</b> 1. Entity Name <b>SOUTH ADAMS VENTURE, LLC</b>	
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Principal Place of Business <b>217 JOHN KNOX ROAD TALLAHASSEE, FL 32303</b>	Mailing Address <b>P.O. BOX 4288 TALLAHASSEE, FL 32315-4288</b>
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**DO NOT WRITE IN THIS SPACE**



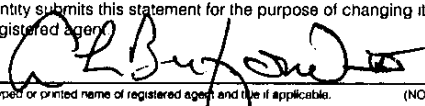
01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>37-1500809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BUFORD, A L III 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303</b>
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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.

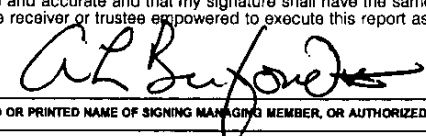
SIGNATURE:  **1-19-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>U000000602818 01/26/07-80102-023 50.00</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUFORD, A L III 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303
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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:  **1-19-07** **850-385 6363**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #