

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**



**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90016 011 \*\*\*138.75

60027966



03062008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000031289</b>					
1. Entity Name 3000 SOUTH ADAMS, LLC					
Principal Place of Business 3000 SOUTH ADAMS STREET TALLAHASSEE, FL 32301			Mailing Address P.O. BOX 2535 TALLAHASSEE, FL 32316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2587191	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, JOSEPH P ESQUIRE 215 SOUTH MONROE STREET SUITE 400 TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MMBR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONI, STEVEN			NAME	
STREET ADDRESS	PO BOX 2535			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32316			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK, JAMES			NAME	
STREET ADDRESS	226 NORTH DUVAL STREET			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINARDI, DEAN			NAME	
STREET ADDRESS	PO BOX 2535			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32316			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZIER, LAURI			NAME	
STREET ADDRESS	PO BOX 2535			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32316			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAULS, JAMES			NAME	
STREET ADDRESS	PO BOX 2535			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32316			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Date: 4/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 850-580-3131	