2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L05000090920

Entity Name: ADAMS STREET STATION VENTURES, L.L.C.

Current Principal Place of Business:

855-44 ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

855-44 ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLSAPS, WALTER S ESQ
2602 ISABELLA BOULEVARD
SUITE 50
JACKSONVILLE BEACH, FL 32250 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: WEIGHT, ANTHONY V
Address: 855-44 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete
Name: KEUSTER, KEN P
Address: 2175 WEST 18TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: WEIGHT, ANTHONY V
Address: 855-44 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

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: ANTHONY V. WEIGHT MGRM 04/18/2008

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