

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000022332

Entity Name: TASCOD 34 ENTERPRISES, LLC

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

ATTN: ARTHUR D. KLEIN, IV
1209 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

ATTN: ARTHUR D. KLEIN, IV
1209 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 01-0648816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, ARTHUR D IV
1209 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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: ARTHUR KLEIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: KLEIN, A. DEO III
Address: P.O. BOX 1928
City-St-Zip: STATESBORO, GA 30459

Title: MGRM () Delete
Name: SANDERS, TARA
Address: P.O. BOX 1928
City-St-Zip: STATESBORO, GA 30459

Title: MGRM () Delete
Name: SANDERS, SCOTT
Address: P.O. BOX 1928
City-St-Zip: STATESBORO, GA 30459

Title: MGRM () Delete
Name: KLEIN, A DEO IV
Address: P.O. BOX 1928
City-St-Zip: STATESBORO, GA 30459

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KLEIN, A. DEO III
Address: P.O. BOX 1928
City-St-Zip: STATESBORO, GA 30459

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

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 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 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: A DEO KLEIN IV

MGR

01/18/2005

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