

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000022332

Entity Name: TASCOD 34 ENTERPRISES, LLC

FILED  
Sep 03, 2008  
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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

Title: MGRM ( ) Delete  
Name: KLEIN, A DEO IV  
Address: 1209 W UNIV AVE  
City-St-Zip: GAINESVILLE, FL 32601

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

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

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: KLEIN, A DEO IV  
Address: 1209 W UNIV AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM ( ) Change (X) Addition  
Name: SANDERS, SAMMY S  
Address: 406 CREEKSIDE COVE  
City-St-Zip: STATESBORO, GA 30460

Title: MGRM ( ) Change (X) Addition  
Name: SANDERS, TARA A  
Address: 406 CREEKSIDE COVE  
City-St-Zip: STATESBORO, GA 30460

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: ARTHUR DEO KLEIN IV

MGR

09/03/2008

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