2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# L01000022332

Entity Name: TASCOD 34 ENTERPRISES, LLC

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:	MGRM	( ) Delete
Name:	KLEIN, A. DEO III	
Address:	P.O. BOX 1928	
City-St-Zip:	STATESBORO, GA 30459	
Title:	MGR	( ) Delete
Name:	KLEIN, A DEO IV	
Address:	1209 W UNIV AVE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MGRM	(X) Delete
Name:	SANDERS, SAMMY S	
Address:	406 CREEKSIDE COVE	
City-St-Zip:	STATESBORO, GA 30460	
Title:	MGRM	(X) Delete
Name:	SANDERS, TARA A	
Address:	406 CREEKSIDE COVE	
City-St-Zip:	STATESBORO, GA 30460	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: A. DEO KLEIN, III MGR 06/30/2009

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