2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# L04000054079

Entity Name: TADPOLE VENTURES, LLC

Current Principal Place of Business:

4004 BOBBIN BROOK CIR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

4004 BOBBIN BROOK CIRCLE
TALLAHASSEE, FL 32312

Current Mailing Address:

4004 BOBBIN BROOK CIR.
TALLAHASSEE, FL 32312

New Mailing Address:

2212 WOODLAWN DRIVE
TALLAHASSEE, FL 32303

FEI Number: 20-1381076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, BARBARA
4004 BOBBIN BROOK CIR.
TALLAHASSEE, FL 32312 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	DAVIDSON, BARBARA	
Address:	4004 BOBBIN BROOK CIR.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	MGRM	( ) Delete
Name:	DAVIS, ANNE	
Address:	4004 BOBBIN BROOK CIR.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	MGRM	( ) Delete
Name:	O'NEAL, DONNA	
Address:	2212 WOODLAWN DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGRM	( ) Delete
Name:	ALEXIONOK, LINDA	
Address:	2212 WOODLAWN DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32303	

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 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: DONNA O'NEAL MGRM 04/23/2005

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