

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000054079

**FILED**  
**May 25, 2009**  
**Secretary of State****Entity Name:** TADPOLE VENTURES, LLC**Current Principal Place of Business:**1010 LOTHIAN DRIVE  
TALLAHASSEE, FL 32312**New Principal Place of Business:****Current Mailing Address:**1010 LOTHIAN DRIVE  
TALLAHASSEE, FL 32312**New Mailing Address:****FEI Number:** 20-1381076**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**O'NEAL, DONNA  
1010 LOTHIAN DRIVE  
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/MANAGERS:**Title: MGRM ( ) Delete  
Name: O'NEAL, DONNA  
Address: 1010 LOTHIAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312Title: MGRM ( ) Delete  
Name: ALEXIONOK, LINDA  
Address: 1010 LOTHIAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312Title: MGRM (X) Delete  
Name: DAVIDSON, BARBARA  
Address: 2807 ABERDEEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312Title: MGRM (X) Delete  
Name: DAVIS, ANNE  
Address: 2807 ABERDEEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312**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: DONNA M. O'NEAL

MGRM

05/25/2009

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