




FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 11 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company TADPOLE HOLDINGS, LLC, L.C. 3606 MCCALL PLACE ATLANTA GA 30340		DOCUMENT # M94000000144 1a. Principal Place of Business Address 3606 MCCALL PLACE ATLANTA GA 30340		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business 180 PLEASANT HILL RD Suite, Apt. #, etc. City & State LITHONIA GA Zip 30058 Country US		2a. Mailing Address 180 PLEASANT HILL RD Suite, Apt. #, etc. E City & State LITHONIA GA Zip 30058 Country US		3. Date Organized or Qualified 11/17/1994 3a. State of Formation GA 4. FEI Number 58-2119307 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 07/15/1996 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent GREGORY, C. NEIL 4001 TAMiami TRAIL NORTH, SUITE 404 NAPLES FL 33940		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002147137--3 -04/17/97--01121--009 City FL 203.75 203.75		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	LINK, GARY A	3740 WIEUCA ROAD 180 PLEASANT HILL RD		ATLANTA GA LITHONIA GA 30058 
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. Further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: 		GARY A. LINK 4-7-97 770 760-0957		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>		