

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** *4/24*  
**98 APR 27 AM 8:56**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # M94000000144**

**TADPOLE HOLDINGS, LLC, L.C.**  
**180 PLEASANT HILL RD.**  
**LITHONIA GA 30058**

1a. Principal Place of Business Address

**180 PLEASANT HILL RD.**  
**LITHONIA GA 30058**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

**11/17/1994**

3a. State of Formation

**GA**

4. FEI Number

**58-2119307**

☐ Applied For  
☐ Not Applicable

5. Date of Last Report

**04/11/1997**

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

**GREGORY, C. NEIL**  
**4001 TAMiami TRAIL NORTH, SUITE 404**  
**NAPLES FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

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

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

**MGRM LINK, GARY A**

**180 PLEASANT HILL RD.**

**LITHONIA GA**

**500002512025-3**  
**-05/05/98--01135--019**  
**\*\*\*188.75 \*\*\*188.75**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I 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:**

*[Signature]*  
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*4-22-98 770-760-0957*