

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # M94000000144****1. Entity Name**
TADPOLE HOLDINGS, LLC, L.C.

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|---|---|
| Principal Place of Business 3606 MCCALL PLACE DORAVILLE GA 30340 | Mailing Address 3606 MCCALL PLACE DORAVILLE GA 30340 |
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| 2. Principal Place of Business 180 PLEASANT HILL RD. | 3. Mailing Address 180 PLEASANT HILL RD. |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|---------------------------------------|---------------------------------------|
| City & State CONYERS GA | City & State CONYERS GA |
|---------------------------------------|---------------------------------------|

| | | | |
|---------------------|----------------|---------------------|----------------|
| Zip 30012 | Country | Zip 30012 | Country |
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| 4. FEI Number 58-2119307 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

| | |
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| 6. Name and Address of Current Registered Agent GREGORY C. NEIL 850 PARK SHORE DRIVE, 3RD FLOOR NAPLES FL 34103 US | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | 04/30/2001 DATE |
|--|---------------------------|

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LINK GARY A 180 PLEASANT HILL RD. CONYERS GA 30012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I 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 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.

| | | |
|---|--------------------------------|-----------------|
| SIGNATURE: Gary A. Link SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | MGMM 04/30/2001 Date | Daytime Phone # |
|---|--------------------------------|-----------------|

CR2E083 (11/00)