

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002395

FILED
Jun 21, 2004
Secretary of State

Entity Name: 5780 TAYLOR RD. CENTER, LLC

Current Principal Place of Business:

1037 FIFTH AVENUE NORTH
NAPLES, FL 34102

New Principal Place of Business:

800 FIFTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102

Current Mailing Address:

1037 FIFTH AVENUE NORTH
NAPLES, FL 34102

New Mailing Address:

800 FIFTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102

FEI Number: 65-1075611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A ESQ.
1000 TAMiami TRAIL NORTH, SUITE 201
NAPLES, FL 34102 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: MGR () Delete
Name: MINKER, CLARK
Address: 710 YORKLYN ROAD
City-St-Zip: HOCKESSIN, DE 19707

Title: MGRM (X) Delete
Name: WILKINSON, IAN
Address: 1037 FIFTH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Delete
Name: GUILLIFORD, THAD
Address: 1037 FIFTH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

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:

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: CLARK MINKER

MGRM

06/21/2004

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