


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017827**

1. Entity Name  
 6001 TAYLOR, L.L.C.



Principal Place of Business 6001 TAYLOR ROAD NAPLES, FL 34109	Mailing Address 6001 TAYLOR ROAD NAPLES, FL 34109
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3753852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BAVIELLO, MICHAEL A JR.  
 1025 FIFTH AVENUE NORTH  
 NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SADEZ, EMILIO J 6001 TAYLOR ROAD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SADEZ, LINDA 6001 TAYLOR ROAD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000001224  
 01/09/04-80030-023 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

**SIGNATURE:** Emilio SADEZ      1/9/04      339 591 1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #