

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90538 033 ***150.00



DOCUMENT # L04000031489

1. Entity Name
3 TAYLORS HUNTERS CREEK, LLC

Principal Place of Business
**14121 SERENA LAKE DRIVE
 ORLANDO, FL 32837**

Mailing Address
**14121 SERENA LAKE DRIVE
 ORLANDO, FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092005 Chg-LLC CR2E083 (10/03)

4. FEI Number

75-3184590

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR
 GATEWAY CENTER
 1000 LEGION PLACE STE. 1700
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Taylor, Ralph D.**
 Street Address (P.O. Box Number is Not Acceptable)
14121 SERENA LAKE DRIVE
 City **Orlando** FL Zip Code **32837**

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

X Ralph Taylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** Delete
 NAME **Ralph D. Taylor**
 STREET ADDRESS **14121 SERENA LAKE DR.**
 CITY-ST-ZIP **Orlando, FL 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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: *Ralph Taylor* **Ralph D. Taylor, MANAGING Member** **3/9/05** **407-595-3954**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #