2000	ONIFORM BUS	INESS NEPC	/N I	(UBN)	ר		
DOCUMENT # A9300000321 1. Entity Name					CH ED		
TAYLOR RANCH, LTD.				FILED			LU .
District (District Additional Control of the Contro					00 JAN 31 PM 1: 12		
Principal Place of Business Mailing Address ** RUTH B. TAYLOR ** RUTH B. TAYLOR					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
7000 TAMIAMI TRAIL SOUTH 7000 TAMIAMI TRAIL SOU VENICE FL 34293 VENICE FL 34293-5114						IALLAHASSE	E, FLUKIUA
,							
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	е	City & State			4. FEI Number	65-0409446	Applied For Not Applied
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Regis	
TAYLOR RANCH, INC.				Street Address (P.O. Box Number is Not Acceptable)			
7000 TAMIAMI TRAIL SOUTH VENICE FL 34293							···
				City			FL Zip Code
8. The above named entity submits this statement for the purpose of changing its reg				!			
CICKIATURE							
9. Capital Co	Signature, typed or printed name of registered agent	and title if applicable. (NOT		ed Agent signature required	d when reinstating)	11. MAKE CHECK P.	DATE AYABLE TO DEPT. OF STATE
as Shown o		in FLORIDA to c	date.		FEREN AND AC	SEE REVERSE S	IDE FOR FEE INFORMATION
	NOTE: General Partners MA	Y NOT be changed on t	he form	r; an amendmen	it must be filed	to change a gener	al partner.
12.				EET ADDRESS		ADDRESS CHANG	ES ONLY
NAME STREET ADDRESS							
CITY-ST-ZIP	VENICE FL 34293	VIII. 2.2.2.2.100 14 · ·	CITY	7-ST-ZIP		000312	19337
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STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP			
DOCUMENT# NAME	\$ 0000		STR	EET ADDRESS			
* STREET ADDRESS CITY-ST-ZIP			СПУ	′•ST-ZIP			
14. I hereby of	tertify that the information supplied with on this report is true and accurate and	that my signature shall have	the sam	e legal effect as if n	ection 119.07(3)(i), nade under oath: tl	Florida Statutes. I furt hat I am a General Pa	her certify that the information
the receiv	er or trustee empowered to execute thi	s report as required by Chap	oter 620,	Florida Statutes			
SIGNAT	URE: MAGNICO	HAICHYLOGII	RED	<u> </u>	H. TAYLOR	<u> </u>	
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER	IAL PARTNE	ER 		Date	Daytime Phone #