

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000009770

**Entity Name:** TAYLOR WOODROW COMMUNITIES AT ST. JOHNS FOREST,  
L.L.C.**FILED**  
**Sep 25, 2015**  
**Secretary of State**  
**CC9564712947****Current Principal Place of Business:**4900 N. SCOTTSDALE ROAD  
SUITE 2000  
SCOTTSDALE, AZ 85251**Current Mailing Address:**4900 N. SCOTTSDALE ROAD  
SUITE 2000  
SCOTTSDALE, AZ 85251 US**FEI Number: 02-0637592****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	MANAGING MEMBER
Name	TAYLOR MORRISON OF FLORIDA, INC.
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	CFO, VP
Name	CONE, C. DAVID
Address	4900 N. SCOTTSDALE RD, SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	ASST. SECRETARY
Name	ESTRADA, CAROLINE G.
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	SECRETARY, VP, GENERAL COUNSEL
Name	SHERMAN, DARRELL C.
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251

Title	MANAGING MEMBER
Name	TW ACQUISITIONS, INC.
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	PRESIDENT
Name	STEFFENS, LOUIS E.
Address	1211 N. WESTSHORE BLVD SUITE 512
City-State-Zip:	TAMPA FL 33607
Title	ASST. SECRETARY
Name	MERRILL, S. TODD
Address	1211 N. WESTSHORE BLVD SUITE 512
City-State-Zip:	TAMPA FL 33607
Title	VP
Name	MILLER, DOUGLAS D.
Address	1211 N. WESTSHORE BLVD SUITE 512
City-State-Zip:	TAMPA FL 33607

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CAROLINE G. ESTRADA****ASST. SECRETARY****09/25/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED AGENT - VERTICAL/PURCHASING  
Name WRIGHT, JOHN ASA  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title AUTHORIZED AGENT - VERTICAL/PURCHASING  
Name SISTIK, DUANE  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title VP  
Name ATWOOD, STEPHEN M.  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title VP  
Name THOMPSON, CAROL  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779

Title VP  
Name TILTON, NANCY THERESA  
Address 2600 LAKE LUCIEN DRIVE  
SUITE 350  
City-State-Zip: MAITLAND FL 32779