

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000043123

**FILED**  
**Jan 25, 2014**  
**Secretary of State**  
**CC8231137560**

**Entity Name:** TAYLOR WOODROW COMMUNITIES AT ARTISAN LAKES, L.L.C.

**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:** 20-3195861

**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: PRESIDENT  
Name: KEMPTON, JOHN STEVEN  
Address: 551 NORTH CATTLEMEN RD. SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title: VP  
Name: CAMPBELL, MICHELLE M.  
Address: 551 NORTH CATTLEMEN RD. SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title: VP  
Name: LONGENECKER, CAMMIE L.  
Address: 551 NORTH CATTLEMEN RD. SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title: TREASURER, VP  
Name: BOYD, CALVIN R.  
Address: 4900 N. SCOTTSDALE ROAD SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title: SECRETARY, VP, GENERAL  
Name: SHERMAN, DARRELL C.  
Address: 4900 N. SCOTTSDALE ROAD 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: CFO, VP  
Name: CONE, C. DAVID  
Address: 4900 N. SCOTTSDALE ROAD SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

**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**

**01/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

Title ASST. SECRETARY  
Name MERRILL, S. TODD  
Address 1211 N. WESTSHORE BLVD  
SUITE 512  
City-State-Zip: TAMPA FL 33607

Title VP  
Name STEFFENS, LOUIS E.  
Address 1211 N. WESTSHORE BLVD.  
SUITE 512  
City-State-Zip: TAMPA FL 33607

Title ASST. TREASURER, VP  
Name MCCHESENEY, VALERIE  
Address 551 NORTH CATTLEMEN RD.  
SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT - FINANCE  
Name BRIONES, TRACY  
Address 551 NORTH CATTLEMEN RD.  
SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title VP  
Name MILLER, DOUGLAS D.  
Address 1211 N. WESTSHORE BLVD.  
SUITE 512  
City-State-Zip: TAMPA FL 33607

Title VP  
Name SQUITIERI, ANTHONY ("TONY") J.  
Address 551 NORTH CATTLEMEN RD.  
SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title VP  
Name PALKA, RUSSELL  
Address 551 NORTH CATTLEMEN RD  
SUITE 200  
City-State-Zip: SARASOTA FL 34232