


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001646		
1. Entity Name THE ARLIN TAYLOR RANCH LIMITED PARTNERSHIP		

Principal Place of Business 11855 TAYLOR GRADE ROAD DUETTE FL 33834	Mailing Address 11855 TAYLOR GRADE ROAD DUETTE FL 33834
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 22-3850249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAYLOR, ARLIN 11855 TAYLOR GRADE ROAD DUETTE FL 33834	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	TAYLOR, ARLIN TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	11855 TAYLOR GRADE ROAD		
CITY-ST-ZIP	DUETTE FL 33834		
DOCUMENT #		STREET ADDRESS	
NAME	TAYLOR, ELEANOR I TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	11855 TAYLOR GRADE ROAD		
CITY-ST-ZIP	DUETTE FL 33834		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

U10000490809
04/18/06-80071-016 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: <i>Arlyn Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	3-28-06	941-776-1421
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