


**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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TAYLOR, ARLIN 11855 TAYLOR GRADE ROAD DUETTE FL 33834		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 22-3850249 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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		DATE	



1st MOORE CR2E003 (10/05)

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 #	TAYLOR, ARLIN TRUSTEE	STREET ADDRESS	
NAME	11855 TAYLOR GRADE ROAD	CITY-ST-ZIP	
STREET ADDRESS	DUETTE FL 33834		
CITY-ST-ZIP			
DOCUMENT #	TAYLOR, ELEANOR I TRUSTEE	STREET ADDRESS	UJ0000490809
NAME	11855 TAYLOR GRADE ROAD	CITY-ST-ZIP	04/18/06-80071-016 500.00
STREET ADDRESS	DUETTE FL 33834		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Arlyn Taylor Arlyn Taylor* 3-28-06 941-776-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #