2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar 15, 2007 08:00 AN Secretary of State

Due By May 1, 2007				Mar 15, 200 / U8:	
DOCUMENT # A0100001646 1. Entity Name THE ARLIN TAYLOR RANCH LIMITED PARTNERSHIP				-	Secretary of St
1 .	e of Business OR GRADE ROAD 33834	Mailing Address 11855 TAYLOR GRADE ROAD DUETTE, FL 33834	!		
DO NOT WRITE IN THIS SPA			CE	01082007 No Chg-LP 4. FEI Number 22-3850249 5. Certificate of Status Desired	CR2E003 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TAYLOR, ARLIN 11855 TAYLOR GRADE ROAD DUETTE, FL 33834			T gamento a superiori de la constanta de la co	DO NOT WI	
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00				<u> 03/27/07</u>	0668245 '-80021-011_500.00
	A GENERAL PARTNER TI NOTE: General Partners MA	IAT IS A BUSINESS ENTITY M Y NOT be changed on the form	IUST BE REGIST 1; an amendmen	ERED AND ACTIVE WITH THIS t must be filed to change a ger	S OFFICE, neral partner
12. DOCUMENT / NAME STREET ADDRESS	GENERAL PARTNER TAYLOR, ARLIN TRUSTEE 11855 TAYLOR GRADE ROAD	INFORMATION			
CITY-ST-ZIP	DUETTE, FL 33834				
DOCUMENT # NAME STREET ADDRESS City - ST - ZIP	TAYLOR, ELEANOR I TRUSTEE 11855 TAYLOR GRADE ROAD DUETTE, FL 33834				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME				DO NOT WR	
STREET ADDRESS CHTY-ST-ZIP					

14. I hereby certify that the information supplied with this filling 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: Arlin Jaylor Wilin Jaylor Signature and Typed on Printed Name of Signing General Partner

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY - ST-ZIP

3-13-09 (94/776-1421 Date Daytime Phone *