

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2006

DOCUMENT # A05000001365

1. Entity Name  
BR TAYLOR LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06  
00 APR 24 AM 9:00

Principal Place of Business  
13451 MCGREGOR BOULEVARD, SUITE 27  
FORT MYERS, FL 33919

Mailing Address  
13451 MCGREGOR BOULEVARD, SUITE 27  
FORT MYERS, FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number  
65-6008890

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, ROBERT M  
13451 MCGREGOR BOULEVARD, SUITE 27  
FORT MYERS, FL 33919

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TAYLOR, ROBERT M  
13451 MCGREGOR BOULEVARD, SUITE 27  
FORT MYERS, FL 33919

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TAYLOR, LINDA K  
13451 MCGREGOR BOULEVARD, SUITE 27  
FORT MYERS, FL 33919

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GP PARTNER

4/25/06

(239) 481-2011

Daytime Phone # 4/19/06