

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007.**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05000001365**

1. Entity Name  
BR TAYLOR LIMITED PARTNERSHIP



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

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



**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-6008890

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007, 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**

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

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

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02/16/07-80015-009 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

1 FEB 07

239 481 2011

Date

Daytime Phone #