


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001892	
1. Entity Name TAYLOR PROPERTIES, LTD.	

Principal Place of Business 1322 TRAIL BY THE LAKE DELAND, FL 32720	Mailing Address 1322 TRAIL BY THE LAKE DELAND, FL 32720
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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



04192004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3611779

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32115-2491**

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

9. Capital Contributions
as Shown on record. **\$4,631,378.70**

10. Amount of Capital Contributions
in FLORIDA to date. **\$4,722,378.70**

aff filed 6/24/04

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	L99000007764 TAYLOR CAPITAL MANAGEMENT, L.L.C. 1322 TRAIL BY THE LAKE DELAND, FL 32720	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date **5/1/04** Daytime Phone # **386 822-4731**