2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

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SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A99000001892 06 MAR 10 AM 10: 51 TAYLOR PROPERTIES, LTD. Principal Place of Business Mailing Address 1322 TRAIL BY THE LAKE 1322 TRAIL BY THE LAKE DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 59-3611779 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115-2491 City 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, typed or printed name of registered agent and title if applicable 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 ADDRESS CHANGES ONLY DOCUMENT # L99000007764 STREET ADDRESS TAYLOR CAPITAL MANAGEMENT, L.L.C. NAME STREET ADORESS 1322 TRAIL BY THE LAKE CITY-ST-ZIP CITY-ST-ZIP DELAND, FL 32720 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 000068094610 STREET ADDRESS CITY-ST-7IP 03/20/06--01016--013 **500.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS N/JE STREET ADDRESS CITY-ST-ZIP CITY-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

NG GENERAL PARTNER