

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****FILED****Apr 04, 2008 08:00 A**
Secretary of State**DOCUMENT # A9000001892****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**2. Principal Place of Business - No P.O. Box #****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-LP

CR2E003 (12/06)

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
L99000007764	TAYLOR CAPITAL MANAGEMENT, L.L.C.	1322 TRAIL BY THE LAKE	DELAND, FL 32720

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

Date

Daytime Phone #

✓ 4/1/08

✓ 356 822 4731