## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005430

Entity Name: TAYLOR WOODROW U.S. TOWER, INC.

FILED Apr 24, 2006 Secretary of State

Current Pri	ncipal Place	of Business:	New Princ	New Principal Place of Business:		
STE 205	ITIVE CENTE SBURG, FL					
Current Mailing Address:			New Mailing Address:			
877 EXECUTIVE CENTER DR. W.						
STE 205 ST. PETER	SBURG, FL	337022472				
FEI Number: 8	82-0560245	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
SUITE 205	ITIVE CENTE	R DR. W. 337022472 US				
The above r in the State		submits this statement for the pur	pose of changing i	ts registered	office or registered agent, or bo	oth,
SIGNATUR						
		nic Signature of Registered Agent	İ		Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PESHKIN, JOH	RISE CIRCLE, STE. 100	Title: Name: Address: City-St-Zip:	(	)Change()Addition	
Title: Name: Address: City-St-Zip:	COVELLI, JOS 877 EXECUTIV	Delete EPH P E CENTER DR. W., STE 205 JRG, FL 337022472	Title: Name: Address: City-St-Zip:	MOSER, MICI 877 EXECUTI	X) Change()Addition HAEL J DP IVE CENTER DR. W., STE 205 BURG, FL 337022472	
Title: Name: Address: City-St-Zip:	MOSER, MICHA 877 EXECUTIV	Delete AEL J E CENTER DR. W., STE 205 JRG, FL 337022472	Title: Name: Address: City-St-Zip:	TOSI, THOMA 877 EXECUTI	X) Change()Addition AS R V IVE CENTER DR. W., STE 205 BURG, FL 337022472	
Title: Name: Address: City-St-Zip:	SPENCER, MA	RISE CIRCLE, STE. 100	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MALONEY, KA	RISE CIRCLE, STE. 100	Title: Name: Address: City-St-Zip:	COHEN, ANN 877 EXECUTI	X) Change () Addition S IVE CENTER DR. W., STE 205 3URG, FL 337022472	
Title: Name:	WATSON, BRIA	) Delete NN F RISE CIRCLE, STE. 100	Title: Name: Address:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC I. SPENCER AS 04/24/2006