

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003497	
1. Entity Name TAYLOR SIMPSON GENERAL PARTNER INC.	

Principal Place of Business ONE ROCKEFELLER PLAZA 23RD FLOOR NEW YORK, NY 10020 US	Mailing Address ONE ROCKEFELLER PLAZA 23RD FLOOR NEW YORK, NY 10020 US
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02172006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3841020	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 1 S.E. THIRD AVENUE 28TH FLOOR, #2800 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable.

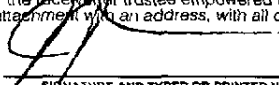
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, PAUL E III 1 ROCKEFELLER PLAZA SUITE 2300 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, KENNETH H JR 1 ROCKEFELLER PLAZA NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMBUCO, JOSEPH S 1 ROCKEFELLER PLAZA, #23RD FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDMAN, JEFFREY B ONE ROCKEFELLER PLAZA, #23RD FLOOR NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, PAUL E JR 1 ROCKEFELLER PLAZA, SUITE 2300 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/06-80010-020 150.00

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the incorporator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joseph Sambuco** **3/15/06** **212 632 0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #