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	Mailing Address
ONE ROCKEFELLER PLAZA 23RD FLOOR NEW YORK, NY 10020 US	ONE ROCKEFELLER PLAZA 23RD FLOOR NEW YORK, NY 10020 US

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAYLOR, PAUL E III
STREET ADDRESS	1 ROCKEFELLER PLAZA SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	D
NAME	SIMPSON, KENNETH H JR
STREET ADDRESS	1 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	T
NAME	SAMBUCO, JOSEPH S
STREET ADDRESS	1 ROCKEFELLER PLAZA, #23RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	S
NAME	FELDMAN, JEFFREY B
STREET ADDRESS	ONE ROCKEFELLER PLAZA, #23RD FLOOR
CITY-ST-ZIP	NEW YORK, NY
TITLE	PD
NAME	TAYLOR, PAUL E JR
STREET ADDRESS	1 ROCKEFELLER PLAZA, SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000471125
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 receiver 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 2126329900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #