## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000002395

Entity Name: 5780 TAYLOR RD. CENTER, LLC

FILED Jun 21, 2004 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
|                  |                       |                                  |

1037 FIFTH AVENUE NORTH 800 FIFTH AVENUE SOUTH NAPLES, FL 34102

SUITE 203

NAPLES, FL 34102

**Current Mailing Address: New Mailing Address:** 

1037 FIFTH AVENUE NORTH 800 FIFTH AVENUE SOUTH NAPLES, FL 34102

SUITE 203

NAPLES, FL 34102

FEI Number: 65-1075611 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOOD, DOUGLAS A ESQ. 1000 TÁMIAMI TRAIL NORTH, SUITE 201 NAPLES, FL 34102

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:**

MGR () Change () Addition () Delete

MINKER, CLARK Name: Name: Address: 710 YORKLYN ROAD Address: City-St-Zip: HOCKESSIN, DE 19707 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: WILKINSON, IAN Name: Address: 1037 FIFTH AVENUE NORTH Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

GUILLIFORD, THAD Name: Name: 1037 FIFTH AVENUE NORTH Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLARK MINKER **MGRM** 06/21/2004