

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013779

FILED  
Aug 15, 2005  
Secretary of State

Entity Name: NORTH TAYLOR ROAD ASSOCIATES, LLC

**Current Principal Place of Business:**

1180 GULF BLVD.  
SUITE 1603  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

1180 GULF BLVD.  
SUITE 1603  
CLEARWATER, FL 33767

**New Mailing Address:**

FEI Number: 58-2643777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DILLON, PHILLIP M  
1180 GULF BOULEVARD, SUITE 1603  
CLEARWATER, FL 33767      US

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DILLON, PHILLIP M MGMR  
Address: 1180 GULF BLVD. SUITE 1603  
City-St-Zip: CLEARWATER, FL 33767

Title: MGR ( ) Delete  
Name: DILLON, ROBERT J  
Address: 6506 WHALEN LANE  
City-St-Zip: PLAINFIELD, IL 60544

Title: MGR ( ) Delete  
Name: DILLON, SAMATHA T  
Address: 3036 THREAD CREEK  
City-St-Zip: BURTON, MI 48529

Title: MGR ( ) Delete  
Name: SUTICH, RICHARD M  
Address: 40 W. 983 LINE DR.  
City-St-Zip: ELBURN, IL 67603

Title: MGR ( ) Delete  
Name: SUTICH, DEBBIE D  
Address: 72 S. ROSELLE ROAD APT.# 1 B  
City-St-Zip: ROSELLE, IL 60172

Title: MGR ( ) Delete  
Name: DILLON, MICHAEL W  
Address: 1806 WHISPERING OAKS CT  
City-St-Zip: PLAINFIELD, IL 60544

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: PHILLIP DILLON

MGMR

08/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date