2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013779

1. Entity Name
NORTH TAYLOR ROAD ASSOCIATES, LLC

Principal Place of Business	Mailing Address
1180 GULF BLVD. SUITE 1603 CLEARWATER, FL 33767	1180 GULF BLVD. SUITE 1603 CLEARWATER, FL 33767

DO NOT WRITE IN THIS SPACE

02132006No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2643777

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DILLON, PHILLIP M MGMR
STREET ADDRESS	1180 GULF BLVD. SUITE 1603
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	MGR
NAME	DILLON, ROBERT J
STREET ADDRESS	6506 WHALEN LANE
CITY-ST-ZIP	PLAINFIELD, IL 60544
TITLE	MGR
NAME	DILLON, SAMATHA T
STREET ADDRESS	3036 THREAD CREEK
CITY-ST-ZIP	BURTON, MI 48529
TITLE	MGR
NAME	SUTICH, RICHARD M
STREET ADDRESS	40 W. 983 LINE DR.
CITY-ST-ZIP	ELBURN, IL 67603
TITLE	MGR
NAME	SUTICH, DEBBIE D
STREET ADDRESS	72 S. ROSELLE ROAD APT.# 1 B
CITY-ST-ZIP	ROSELLE, IL 60172
TITLE	MGR
NAME	DILLON, MICHAEL W
STREET ADDRESS	1806 WHISPERING OAKS CT
CITY-ST-ZIP	PLAINFIELD, IL 60544

U00000490299
04/18/06-80050-019 50.00

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11. 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 is true and accurate and that my 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: _____ 3-31-06 727-596-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #