2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013779

Entity Name: NORTH TAYLOR ROAD ASSOCIATES, LLC

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1180 GULF BLVD. 904 RIVERS EDGE DRIVE **SUITE 1603** MINOOKA, IL 60447 CLEARWATER, FL 33767

New Mailing Address: Current Mailing Address:

1180 GULF BLVD. **SUITE 1603** CLEARWATER, FL 33767

FEI Number: 58-2643777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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 DILLON, PHYLLIS RA 1180 GÚLF BOULEVARD, SUITE 1603

1180 GÚLF BOULEVARD, SUITE 1603 CLEARWATER, FL 33767 CLEARWATER, FL 33767

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: PHYLLIS DILLON 05/02/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition DILLON, PHILLIP M MGMR DILLON, MICHAEL W MGMR Name: Name: 1180 GULF BLVD. SUITE 1603 Address: 904 RIVERS EDGE DRIVE Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: MINOOKA, IL 60447

Title: MGR () Delete Title: MGRM (X) Change () Addition DILLON, ROBERT J Name: DILLON, DAWN M MGMR Name: Address: 6506 WHALEN LANE Address: 904 RIVERS EDGE DRIVE City-St-Zip: PLAINFIELD, IL 60544 City-St-Zip: MINOOKA, IL 60447

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

DILLON, SAMATHA T Name: Name: 3036 THREAD CREEK Address: Address: City-St-Zip: **BURTON, MI 48529** City-St-Zip:

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

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

Title: MGR (X) Delete Title: () Change () Addition SUTICH, DEBBIE D

Name: Name: 72 S. ROSELLE ROAD APT.# 1 B Address: Address: City-St-Zip: ROSELLE, IL 60172 City-St-Zip:

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

DILLON, MICHAEL W Name: Name: Address: 1806 WHISPERING OAKS CT Address: PLAINFIELD, IL 60544 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL W. DILLON **MGMR** 05/02/2007