

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90032 010 \*\*\*\*50.00

DOCUMENT # L01000021592

1. Entity Name  
RB Taylor Ventures, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
same as mailing address

3. Mailing Address  
3183 Chipping Wood Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
Alpharetta, Georgia

4. FEI Number  
91-2148054

Applied For  
Not Applicable

Zip Country

Zip Country  
30004 U.S.A.

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Harry Schweitzer

Street Address (P.O. Box Number is Not Acceptable)

10510 Rosemont Court

City Fort Myers FL Zip Code 33908

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.

SIGNATURE *Harry Schweitzer*  
Signature, typed or printed name of registered agent and title if applicable

DATE *1/16/02*

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Russell C. Taylor  
3183 Chipping Wood Court  
Alpharetta, Georgia 30004

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Betsy S. Taylor  
3183 Chipping Wood Court  
Alpharetta, Georgia 30004

TITLE  
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Russell Taylor*

Date *01/19/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)