LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT #					3 Secretary of State		
DOCUMENT # L01000021592				Ì	01-31-2002 90032	2 010 ****50.00	
RB Taylor Ventures, LLC							
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DO NOT WRITE IN THIS SPACE							
yakana 20 yanga Kanada 20 yanga			z nako po napremba. Po postania				
2. Principal Place of Business 3. Mailing Address same as mailing address 3183 Chipping Wood							
same as mailing address 3183 Chippin Suite, Apt. #, etc. Suite. Apt. #, etc.			g wood court		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		5. Certificate of Status Desired	\$5.00 Additional	
	and communication of the commu	30004	U.S.A.			Fee Required	
ja a gypter jagand sig Grif Karas (Agy Stark)			Name		Name and Address of Current Registere	d Agent	
	BO NOT WRITE Har				Schweitzer		
Street Address (P.O. Box Number is Not Acceptable)							
	SELECTION OF	AUE	10	510 F	Rosemoant Court		
				ort N		Zip Code	
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 Schwell 1/16/02							
SIGNATURE Signature, typed or printed name it recipitated agent and title if applicables							
FEE IS:\$50.00							
Make Check Payable to Department of State							
		g of the second	UE BY MAY 1				
9.	MANAGING MEMBER		(*)**## <i>*</i>	PARTICIPATION SOUTH STREET, ST			
title Name	Manager Russell C. Taylor	TITLE					
STREET ADDRESS	3183 Chipping Wood	STREET ADDRESS					
CITY-ST-ZIP	Alpharetta, Georgia	CITY-ST-ZIP	1.00				
TITLE	Manager	mu , j			88		
NAME STREET ADDRESS	Betsy S. Taylor	NAME STREET ADDRESS		 A constraint authority B constraint authority 	Garage Control		
CITY-ST-ZIP	3183 Chipping Wood	CITY-ST-ZIP					
TITLE	Alpharetta, Georgia	ITTLE . THE SE		TERRETE TRANSPORTER TO			
NAME STREET ADDRESS		NAME STREET ADDRESS:					
CITY-ST-ZIP		CITY: ST-ZIF DO NOT WRITE					
TITLE		IN THIS SPACE					
NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE	· · · · · · · · · · · · · · · · · · ·		TITLE A				
NAME			NAME:	Teleri	enskapreter de voer en		
STREET ADDRESS		SIRET ADDRESS					
CITY-ST-ZIP			*CITY:ST-ZP*				
TITLE NAME							
STREET ADDRESS	ADDRESS						
CITY-ST-ZIP			CITY ST ZIP			President Commence	
11. I hereby certify that the information supplied with this filling 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 courage 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.							