



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000021593</b>		
1. Entity Name RB TAYLOR HOLDINGS, LLC		
Principal Place of Business 3183 CHIPPING WOOD COURT ALPHARETTA, GA 30004		Mailing Address 3183 CHIPPING WOOD COURT ALPHARETTA, GA 30004
<b>DO NOT WRITE IN THIS SPACE</b>		
		
4. FEI Number 91-2148052		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
SCHWEITZER, HARRY 10510 ROSEMOUNT COURT FORT MYERS, FL 33908		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 6, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, RUSSELL C 3183 CHIPPING WOOD COURT ALPHARETTA, GA 30004	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, BETSY S 3183 CHIPPING WOOD COURT ALPHARETTA, GA 30004	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Betsy S Taylor</i>		76-06      770 752 7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date      Daytime Phone #