2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State
02-13-2004 90072 033 ****50.00

DOCUMENT # L02000007354

1. Entity Name
TAYLOR CREEK GROUP, LLC

Principal Place of Business	Mailing Address
1268 GALLOP DR. LOXAHATCHEE, FL 33470	1268 GALLOP DR. LOXAHATCHEE, FL 33470

01122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12765 W. Forest Hill Blvd	12765 W. Forest Hill Blvd
Suite, Apt. #, etc.: Suite 1305	Suite, Apt. #, etc.: Suite #1305
City & State: Wellington, Fl	City & State: Wellington, Fl
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number: 02-0567964 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESCOTT, WARREN L 1268 GALLOP DR. LOXAHATCHEE, FL 33470	Name: Joseph T. Telles Street Address (P.O. Box Number is Not Acceptable): 12765 W. Forest Hill Blvd Suite 1305 City: Wellington FL Zip Code: 33414

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: [signature] 1/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESCOTT, WARREN L 1268 GALLOP DR. LOXAHATCHEE, FL 33470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEMING, THOMAS W 70 DUNDEE LANE (70 DUNDEE LANE) BARRINGTON, IL 600105106	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEMING, THOMAS W 70 DUNDEE LANE BARRINGTON, IL 60010-5106	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] THOMAS W. FLEMING 2/9/04 847-844-7678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #