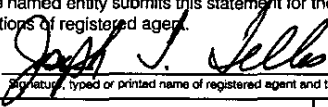
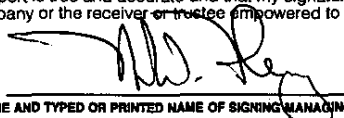


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 1268 GALLOP DR. LOXAHATCHEE, FL 33470			Mailing Address 1268 GALLOP DR. LOXAHATCHEE, FL 33470		
2. Principal Place of Business 12765 W. FOREST HILL BLVD Suite, Apt. #, etc. SUITE 1305 City & State WELLINGTON FL Zip 33414 Country USA		3. Mailing Address 12765 W. FOREST HILL BLVD Suite, Apt. #, etc. SUITE #1305 City & State WELLINGTON FL Zip 33414 Country USA			
01122004 Chg-LLC CR2E083 (10/03)				4. FEI Number 02-0567964	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PRESCOTT, WARREN L 1268 GALLOP DR. LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent 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  DATE 1/30/04 (NOTE: Registered Agent signature required when reinstating)					
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	MGR FLEMING, THOMAS W 70 DUNDEE LANE (70 DUNDEE LANE) BARRINGTON, IL 600105106	☐ Delete	MGR 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: 			THOMAS W. FLEMING		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/9/04	Daytime Phone # 847-844-7678	