2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019939

1. Entity Name
TAFT HOLDINGS, LLC



Principal Place of Business 1512 GRANVILLE DRIVE WINTER PARK, FL 32789 Mailing Address

1512 GRANVILLE DRIVE WINTER PARK, FL 32789

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90029 005 ****50.00

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DO NOT WRITE IN THIS SPACE

04212005 No Chg-LLC

212005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3646179

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

COSNER, JEANNE B 1512 GRANVILLE DRIVE WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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, 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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSNER, JEANNE B 1512 GRANVILLE DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSNER, MICHAEL C 222 SABINE DR. PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	Certify that the information supplied with this filling does not qualify for the eye

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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:

JRE: Jeanne D. Corress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-05

407-644-491

Date

Daytime Phone #