

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020953

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** TAYLOR WOODROW HOMES - SOUTHWEST FLORIDA DIVISION, L.L.C.

**Current Principal Place of Business:**

8430 ENTERPRISE CIRCLE, SUITE 100  
BRADENTON, FL 342024108 US

**New Principal Place of Business:**

4905 WEST LAUREL STREET  
SUITE 100  
TAMPA, FL 336073826 US

**Current Mailing Address:**

8430 ENTERPRISE CIRCLE, SUITE 100  
BRADENTON, FL 342024108 US

**New Mailing Address:**

4905 WEST LAUREL STREET  
SUITE 100  
TAMPA, FL 336073826 US

FEI Number: 55-0794896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
BRADENTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TAYLOR MORRISON OF FLORIDA, INC.  
Address: 8430 ENTERPRISE CIRCLE, SUITE 100  
City-St-Zip: BRADENTON, FL 342024108 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR MORRISON OF FLORIDA, INC.  
Address: 4905 WEST LAUREL STREET SUITE 100  
City-St-Zip: TAMPA, FL 336073826 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: S. TODD MERRILL

S

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date