

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 03, 2008  
Secretary of State**

DOCUMENT# L03000021769

Entity Name: TAYLOR SCOTT INVESTMENT PROPERTIES LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

3910 COUNTRYSIDE VIEW CT.  
ST. CLOUD, FL 34772 US

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 700824  
ST. CLOUD, FL 34770 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

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

BULLEN, KIMBERLY A  
3910 COUNTRYSIDE VIEW CT.  
ST. CLOUD, FL 34772 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BULLEN, RAYMOND  
Address: P.O. BOX 700824  
City-St-Zip: ST. CLOUD, FL 34770 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: BULLEN, KIMBERELY  
Address: P.O. BOX 700824  
City-St-Zip: ST CLOUD, FL 34770

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIMBERLY A BULLEN

MGRM

03/03/2008

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