


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90223 019 \*\*\*\*55.00

<b>DOCUMENT # L03000030184</b> 1. Entity Name <b>TAYLOR PROPERTIES OF SOUTHWEST FLORIDA, LLC</b>					
Principal Place of Business <b>C/O RICHARD T. COTTER 6100 ESTERO BLVD. FT. MYERS BEACH, FL 33931</b>			Mailing Address <b>C/O RICHARD T. COTTER 6100 ESTERO BLVD. FT. MYERS BEACH, FL 33931</b>		
2. Principal Place of Business <b>C/O DAN C. RATHKA</b>		3. Mailing Address <b>C/O DAN C. RATHKA</b>			
Suite, Apt. #, etc. <b>3999 STONESTHROW CT.</b>		Suite, Apt. #, etc. <b>3999 STONESTHROW CT.</b>			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>			
Zip <b>34109</b>		Country <b>COLLIER</b>		Zip <b>34109</b>	
Country <b>COLLIER</b>		4. FEI Number <b>20-0201952</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RICHARD T. COTTER, P.A. 6100 ESTERO BLVD. FT. MYERS BEACH, FL 33931</b>			7. Name and Address of New Registered Agent Name <b>DAN C. RATHKA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3999 STONESTHROW CT</b> City <b>NAPLES</b> FL Zip Code <b>34109</b>		
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 <u><i>Dan C. Rathka</i></u> DATE <u>3-8-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RATHKA, DAN C 3999 STONESTHROW COURT NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MANAGER RAYMOND A. RATHKA 1480 CAXAMBAS CT MARCO ISLAND, FL 34145</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Dan C. Rathka</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3-8-04</u> Daytime Phone # <u>239-253-0705</u>		