2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L03000030400

Entity Name: AMANDA TAYLOR, LLC

Current Principal Place of Business:

5405 TAYLOR ROAD
#4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2262 CAMPESTRE TERRACE
NAPLES, FL 34119

New Mailing Address:

2300 GUADELUPE DRIVE
NAPLES, FL 34119

FEI Number: 81-0628153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANGANARO, MICHAEL
2262 CAMPESTRE TERRACE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

MANGANARO, MICHAEL
2300 GUADELUPE DRIVE
NAPLES, FL 34119 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: _____ 04/28/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MANGANARO, BARBARA
Address: 2262 CAMPESTRE TERRACE
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete
Name: MANGANARO, MICHAEL
Address: 2262 CAMPESTRE TERRACE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MANGANARO, BARBARA
Address: 2300 GUADELUPE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change ( ) Addition
Name: MANGANARO, MICHAEL
Address: 2300 GUADELUPE DRIVE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MANGANARO MGRM 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date