


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90207 011 ****50.00

DOCUMENT # L03000035690					
1. Entity Name TAYLOR & WAINIO INSURANCE & FINANCIAL SERVICES, L.L.C.					
Principal Place of Business 320 HIGH TIDE DR. SUITE 201 ST. AUGUSTINE, FL 32080			Mailing Address 320 HIGH TIDE DR. SUITE 201 ST. AUGUSTINE, FL 32080		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1186953	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, DAIL A 120 STATE ROAD 312 WEST, SUITE ONE ST. AUGUSTINE, FL 32086			Name DAIL A. TAYLOR Street Address (P.O. Box Number is Not Acceptable) 320 HIGH TIDE DR. SUITE 201 City ST AUGUSTINE FL Zip Code 32080		
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>Dail A Taylor</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>1/8/07</u>		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, DAIL A 120 STATE ROAD 312 WEST, SUITE ONE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAINIO, FREDRICK J 120 STATE ROAD 312 WEST, SUITE ONE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, DAIL A 120 STATE ROAD 312 WEST, SUITE ONE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Dail A Taylor</i></u>			DATE <u>1/8/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					