

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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**



04172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1186953	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TAYLOR, DAIL A
320 HIGH TIDE DR STE 201
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000910869
05/07/08-80016-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, DAIL A 320 HIGH TIDE DR SAINT AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAINIO, FREDRICK J 320 HIGH TIDE DR STE 201 SAINT AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Dail Taylor

4/17/08

(904) 484-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #