

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048175

FILED  
Jul 10, 2008  
Secretary of State

**Entity Name:** ROGER TAYLOR ENTERPRISES, LLC

**Current Principal Place of Business:**

2791 MERIDITH LN  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

2791 MERIDITH LN  
PONCE DE LEON, FL 32455

**New Mailing Address:**

2791 MERIDITH LN  
PONCE DE LEON, FL 32455

FEI Number: 20-0421714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
15  
SANTA ROSA BEACH, FL 32459 US

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

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:**

Title: MGRM ( ) Delete  
Name: TAYLOR, ROGER  
Address: 2791 MERIDITH LN  
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGR ( ) Delete  
Name: TAYLOR, LYNN  
Address: 2791 MERIDITH LN  
City-St-Zip: PONCE DE LEON, FL 32455

**ADDITIONS/CHANGES:**

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

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: ROGER TAYLOR

MGRM

07/10/2008

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