FILED Apr 04, 2005 8:00 am Secretary of State 01-28-2005 90074 004 ***200.00

DOCUMEN # LU3U0UU53498 1. Entity Name JOHN TAYLOR LLC				00002081	
Principal Place of Business . 6507 MAYHILL CT. SPRING HILL, FL 34606 US		Mailing Address 6507 MAYHILL CT. SPRING HILL, FL 34606 US		30002961	
2. Principal Place of Business		3. Mailing Address SAMI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number Applied For 11212 000 9 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	. Name	7. Name and Address of New Registered Agent	
TAYLOR, . 6507 MAY SPRING H			Street Address	ss (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
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 September types of printed name of Apertured agent and late if applicable. (NOTE Registered Agent agents required when releasing) (NOTE Registered Agent agents required when releasing)					
Fi Di	ling Fee is \$50.00 ue by May 1, 2005			Make check payable to Florida Department of State	
9. TITLE	MANAGING MEMBE		10.	ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, JOHN 6507 MAYHILL CT. SPRING HILL, FL 34606	☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
LITLE NAME STREET ADDRESS CITY-ST-ZIP		Coleta	IIILE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dèlete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	Charige Addition	
TITLE - MAME - STREET ADDRESS - CITY-ST-ZIP		. □ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ☐ Change ☐ Addition	
11. Thereby 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 ceth; 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: Dah A-Agh. South Signature Statutes.					
	RIGHATURE AND TYPED OR PRINTED NAME O	F GROWING MANAGING MEMBER, MANAG	er, dr authorized repre	IESENTATIVE Date Daylarus Phone #	