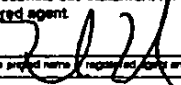
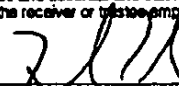


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/30/2005-90016-001-\$5.00-\$5.00 *
8/30/2005-90016-002-\$50.00-\$50.00
8. DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 09

DOCUMENT # L04000005966																			
1. Entity Name TAYLOR LANDSCAPING & IRRIGATION "LLC"																			
Principal Place of Business 192 NORTH ROSCOE BLVD. PONTE VEDRA BEACH FL 32082 US		Mailing Address 192 NORTH ROSCOE BLVD. PONTE VEDRA BEACH FL 32082 US																	
2. Principal Place of Business 192 N. Roscoe Blvd Suite, Apt. #, etc. Ponte Vedra F.L.		3. Mailing Address P.O. Box 2482 Suite, Apt. #, etc.																	
City & State Ponte Vedra, FL		City & State Ponte Vedra FL																	
Zip 32042	Country USA	Zip 32004	Country US																
4. FEI Number 592798002		Applied For Not Applicable																	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent TAYLOR JR. FRANK W. 192 N. ROSCOE BLVD. PONTE VEDRA BEACH FL 32082		7. Name and Address of New Registered Agent Name: None Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code																	
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:  (NOTE: Registered Agent signature required when renewing) DATE: 8-20-05																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 8-20-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																			