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	Mailing Address
192 NORTH ROSCOE BLVD. PONTE VDRA BEACH FL 32082 US	192 NORTH ROSCOE BLVD. PONTE VDRA BEACH FL 32082 US

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
192 N. Roscoe Blvd	P.O. Box 2482
Suite, Apt. #, etc. Ponte Vedra FL.	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	7. Name and Address of New Registered Agent
TAYLOR JR, FRANK W 192 N. ROSCOE BLVD. PONTE VEDRA BEACH FL 32082	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 _____ 8-20-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $60.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ~~NONE~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Owner / Manager Frank Taylor 192 N. Roscoe Blvd Ponte Vedra	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby 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 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: _____ 8-20-5
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #