## ✓ 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

02-03-2005 90115 029 \*\*\*\* 50.00 FILED L04000011681

Date

Daytime Phone #

|   | <del> </del>  |  |  |   | j04000011001  |                               |  |
|---|---|--|--|---|---|-------------------------------|--|
| DOCUMENT # L04000011681  1. Entity Name     |   |  |  | 2005 MAY -5 PI  | -   |                               |  |
| VERNON TAYLOR CONSTRUCTION, LLC             |   |  |  | SECRETARY OF TALLAHASSEE, F   | STATE   |                               |  |
| Principal Place of Business Mailing Address |   |  |  |   | LUKIDA  |                               |  |
| 155 PINE ST<br>BABSON PA<br>US              | T<br>ARK FL 33827   | PO BOX 141<br>BABSON PARK FL 33827<br>US   |  |   |   |                               |  |
| O Colomba d                                 | Na da Carlos  | 1  |  |   |   |                               |  |
| 2. Principal Place of Business              |   | 3. Mailing Address   |  |   |   |                               |  |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.  |  | 1st MOORE   | CR2E083 (10/04)   |                               |  |
| City & State                                |   | City & State   |  | 4. FEI Number 81-06   |   | Applied For<br>Not Applicable |  |
| Zip<br>                                     | Country   | Zip  | Country                                      | 5. Certificate of Status Desir  | Fee Requi   |                               |  |
|   | 6. Name and Address of Current  | Registered Agent   | Name "                                       | 7. Name and Address of N  | ew Registered Agent   |                               |  |
| TAYLOR, VERNON                              |   |  |  |   | <u> </u>  |                               |  |
| 155 PINË ST<br>BABSON PARK FL 33827         |   |  | Street Addre                                 | Street Address (P.O. Box Number is Not Acceptable)                        |   |                               |  |
|   | •   |  |  |   |   |                               |  |
|   |   |  | City   |   | FL Zp Co  | ode                           |  |
| 8. The above<br>the obliga                  | e named entity submits this statement for tions of registered agent.                    | or the purpose of changing its   | registered office or reg                     | istered agent, or both, in the State                                      | ot Florida. I am familiar wit                               | h, and accept                 |  |
| SIGNATURE                                   | Vanilation 16/1   |  |  |   |   |                               |  |
| <del></del>                                 | Signature, typed or punted name of regulated agent                                      | PROSECTION MOOR UV   | Registered Agent signature re                | 3 % 66 85 6 % 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8                       | DATE  |                               |  |
| ± ,   | •   | the second of th | )W!!! FEE IS \$50.                           | . 300.49 YZ 1816.100.51   |   |                               |  |
| ٠. ٠  |   | Make Check Payabl  | By May 1, 2005                               | ment of State   |   |                               |  |
| 9.  | MANAGING MEMBI  | [16] A. S.   | 10.  | ADDITI  | ONS/CHANGES   |                               |  |
| TITLE                                       | MGRM  | Delete   | NITLE  | ADDITA  | Change  | B ☐ Addillon                  |  |
| NAME  | TAYLOR, DONALD V  | L belete   | NAME   |   | C comb  |                               |  |
| STREET ADDRESS                              | 155 PINE ST   |  | STREET ADDRESS                               |   |   |                               |  |
| CITY-ST-ZiP                                 | BABSON PARK FL 33827  |  | CITY-ST-ZIP                                  |   |   |                               |  |
| TITLE                                       | i.  | · 🗀 Deleta   | TITLE  |   | ☐ Change  | B Addition                    |  |
| NAME<br>STREET ADDRESS                      | ş   |  | NAME<br>STREET ADDRESS                       |   |   |                               |  |
| CITY-ST-ZIP                                 |   |  | CITY-ST-ZIP                                  |   |   |                               |  |
| TITLE                                       | 1   | - Deleta   | - TITLE                                      |   | ☐ Change  | - 🔲 Addition                  |  |
| NAME  | ]   |  | NAME   |   |   |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP               | pr v =  |  | CITY-ST-ZIP                                  |   |   | -                             |  |
| TITLE                                       |   | ☐ Delete   | TITLE  |   | ☐ Change  | Addition                      |  |
| NAME<br>Street Adoress                      | •   |  | NAME<br>Street address                       |   |   |                               |  |
| CITY-SI-ZIP                                 |   |  | CITY-ST-7/P                                  |   |   | ·                             |  |
| TITLE                                       |   | ☐ Delete   | TITLE  |   | ☐ Change  | e ☐ Addition                  |  |
| NAME  |   | عماما ب  | NAME   |   | CT cumile   | C Addition                    |  |
| STREET ADDRESS                              |   |  | STREET ADDRESS                               |   |   |                               |  |
| CITY-ST-ZIP                                 | ļ   |  | CITY-ST-DP                                   |   |   |                               |  |
| TITLE                                       | 1   | Oetete   | TITLE  |   | ☐ Change  | Addition                      |  |
| STREET ADDRESS                              |   |  | NAME<br>STREET ADORESS                       |   |   |                               |  |
| CITY-ST-ZIP                                 | <u>]</u>  |  | CHY-S1-ZIP                                   |   |   |                               |  |
| 11. I hereby indicated                      | certify that the information supplied with<br>d on this report is true and accurate and | this filing does not qualify for<br>that my signature shall have   | the exemption stated the same legal effect a | in Section 119.07(3)(i), Florida Status if made under oath; that I am a m | utes. I further certify that the<br>nanaging member or mana | information<br>ger of the     |  |

JRE: