


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000011681**

1. Entity Name  
**VERNON TAYLOR CONSTRUCTION, LLC**



Principal Place of Business      Mailing Address

**155 PINE ST**      **PO BOX 141**  
**BABSON PARK, FL 33827 US**      **BABSON PARK, FL 33827 US**



01052006No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

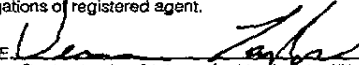
4. FEI Number <b>81-0670759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**TAYLOR, VERNON**  
**155 PINE ST**  
**BABSON PARK, FL 33827**

**DO NOT WRITE IN THIS SPACE**

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:       DATE: **1-6-06**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent Signature required when reinstating)      DATE


**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, DONALD V 155 PINE ST BABSON PARK, FL 33827
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100000382141  
 01/11/06-80085-004 55.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **1-6-06**      DAYTIME PHONE #: **263-528-2880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #