


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90035 033 ****55.00

DOCUMENT # L04000013937					
1. Entity Name TAYLOR ROAD, LLC					
Principal Place of Business 6200 SHIRLEY STREET, STE. 201 NAPLES, FL 34109			Mailing Address 6200 SHIRLEY STREET, STE. 201 NAPLES, FL 34109		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1347868	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEELEY, PETER L 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name 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 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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Larry R. Andrews 413 Ridge Dr. Naples, FL 34109			MGR Larry R. Andrews 413 Ridge Dr. Naples, FL 34109		
Denise Grosman 6210 Shirley St #107 Naples, FL 34109			MGR Denise Grosman 6210 Shirley St #107 Naples, FL 34109		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
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: <u>Larry R. Andrews</u> Larry R. Andrews 1/14/05 (239) 598-1100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					