

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045023

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: TAYLOR WOODROW COMMUNITIES AT PORTICO, L.L.C.

**Current Principal Place of Business:**

8430 ENTERPRISE CIRCLE  
SUITE 100  
BRADENTON, FL 342024108 US

**New Principal Place of Business:**

**Current Mailing Address:**

8430 ENTERPRISE CIRCLE  
SUITE 100  
BRADENTON, FL 342024108 US

**New Mailing Address:**

FEI Number: 20-1251943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPENCER, MARC I  
877 EXECUTIVE CENTER DR. W.  
SUITE 205  
ST. PETERSBURG, FL 337022472 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TAYLOR WOODROW HOMES, FLORIDA INC.  
Address: 8430 ENTERPRISE CIRCLE, SUITE 100  
City-St-Zip: BRADENTON, FL 342024108 US

Title: MGRM ( ) Delete  
Name: TWCF, INC.,  
Address: 8430 ENTERPRISE CIRCLE, SUITE 100  
City-St-Zip: BRADENTON, FL 342024108 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN F. WATSON/MGMR

VP

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date