

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


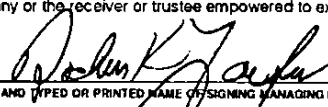
FILED
Jul 08, 2005 8:00 am
Secretary of State

06-22-2005 90017 008 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000060706					
1. Entity Name TAYLOR PROPERTIES I, LLC					
Principal Place of Business 3813 ANDREW JACKSON PAGE FL 32571			Mailing Address 3813 ANDREW JACKSON PAGE FL 32571		
2. Principal Place of Business 46 FAISON			3. Mailing Address 46 FAISON ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PENSACOLA			City & State PENSACOLA		
Zip 32505	Country ESCAMBIA	Zip 32505	Country ESCAMBIA	4. FEI Number 59 3630284	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 4300 BAYOU BLVD., STE. 13 PENSACOLA FL 32503			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 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	MGRM TAYLOR, RODNEY 3813 ANDREW JACKSON PAGE FL 32571	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	46 FAISON ST PENSACOLA FL 32505	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, GLORIA 3813 ANDREW JACKSON PAGE FL 32571	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	46 FAISON ST PENSACOLA FL 32505	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date: 6/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

ATTACHMENT

30009980

#L04000060706

6/15/05

I AM FILING LATE
BECAUSE OUR ADDRESS
CHANGED - HURRICANE
IVAN TOOK OUR
HOUSE AND WE
HAVE HAD TO
MOVE TWICE
SINCE

