

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

7/1

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90086 010 \*\*\*\*50.00

<b>DOCUMENT # L04000060706</b>					
<b>1. Entity Name</b> TAYLOR PROPERTIES I, LLC					
<b>Principal Place of Business</b> 46 FAISON PENSACOLA, FL 32505			<b>Mailing Address</b> 46 FAISON PENSACOLA, FL 32505		
<b>2. Principal Place of Business</b> 46 FAISON ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc. <i>same</i>			
<b>City &amp; State</b> PENSACOLA FL		<b>City &amp; State</b> ←			
<b>Zip</b> 32505		<b>Country</b> ESCOMBA			
<b>6. Name and Address of Current Registered Agent</b> MOORHEAD, STEPHEN R 4300 BAYOU BLVD., STE. 13 PENSACOLA, FL 32503				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when releasing)					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM TAYLOR, RODNEY 48 FAISON ST PENSACOLA, FL 32505		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM TAYLOR, GLORIA 46 FAISON ST PENSACOLA, FL 32505		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Rodney R Taylor</i>			7/29/06 840 475 5959		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					