2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072083

FT. PIERCE/TAYLOR CREEK, LLC



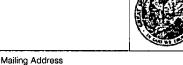
FILED Mar 18, 2008 08:00 A Secretary of State

Principal Place of Business

925 S FEDERAL HWY

SUITE 423

BOCA RATON, FL 33432



P.O. BOX 11229 KNOXVILLE, TN 37939



01222008 No Chg-LLC

CR2E083 (12/07)

(561) 948-7100

Daytime Phone #

Date

4. FEI Number		Applied For
31-2019038		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B C/O SHAPIRO, BLASI & WASSERMAN, P.A. 7777 GLADES ROAD, SUITE 400 BOCA RATON, FL 33434

SIGNATURE

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when renstating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000862931 04/03/08-80072-001 138.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	LEVIN, STEVEN			
STREET ADDRESS CITY-ST-ZIP	925 S FEDERAL HWY., SUITE 425			
	BOCA RATON, FL 33432			
TITLE	MGRM			
NAME STREET ADDRESS	KAYDEN, BERNARD			
CITY-SI-ZIP	550 MAMARONECK AVE., SUITE 404			
	HARRISON, NY 10528			
TITLE				
NAME CYDEET ADDRESS	,			
STREET ADDRESS City-St-Zip		DO NOT WRITE		
TITLE NAME		IN THIS SPACE		
STREET ADDRESS				
CITY-ST-ZIP				
INLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP		[1] 《大学》(1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
11. I hereby certify that the information supplied with this strip 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 received trusted empowered to execute this report as required by Chapter 608. Florida Statutes.				

Steven Levin, Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE