

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90169 035 \*\*\*\*55.00

**DOCUMENT # L04000092898**

1. Entity Name  
**TAYLOR PEPPER, LLC**



Principal Place of Business  
**17686 BONIELLO DRIVE  
BOCA RATON, FL 33496**

Mailing Address  
**17686 BONIELLO DRIVE  
BOCA RATON, FL 33496**

**60014040**



2. Principal Place of Business  
**777 Yamato Road**  
Suite, Apt. #, etc.  
**Suite 300**

3. Mailing Address  
**777 Yamato Road**  
Suite, Apt. #, etc.  
**Suite 300**

02082006 Chg-LLC CR2E083 (11/05)

City & State  
**Boca Raton, FL**  
Zip  
**33431**

City & State  
**Boca Raton, FL**  
Zip  
**33431**

4. FEI Number  
**11-3736947**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PRINTZ, ROBERT A  
17686 BONIELLO DRIVE  
BOCA RATON, FL 33496**

**7. Name and Address of New Registered Agent**

Name  
**Printz, Robert A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**777 Yamato Road, Suite 300**  
City  
**Boca Raton** **FL** Zip Code  
**33431**

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 **Robert A. Printz**  
Signature, typed or printed name of registered agent and title if applicable.

**Robert A. Printz**  
(NOTE: Registered Agent signature required when reinstating)

**February 8, 2006**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PRINTZ, ROBERT A  
17686 BONIELLO DRIVE  
BOCA RATON, FL 33496** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PRINTZ, HIROMI  
17686 BONIELLO DRIVE  
BOCA RATON, FL 33496** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
IRREVOCABLE TRUST FOR DESCENDANTS  
17686 BONIELLO DRIVE  
BOCA RATON, FL 33496** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE: **Robert A. Printz, Manager**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**February 8, 2006** **561-544-4569**  
Date Daytime Phone #