

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90070 026 \*\*\*\*55.00

**DOCUMENT # L05000002678**

1. Entity Name  
**TAYLOR ROAD DEVELOPMENT, LLC**



Principal Place of Business  
**6635 WILLOW PARK DR  
 NAPLES, FL 34109**

Mailing Address  
**6635 WILLOW PARK DR  
 NAPLES, FL 34109**

2. Principal Place of Business  
**5475 Lee Street**

3. Mailing Address

Suite, Apt. #, etc.  
**Unit 303**

Suite, Apt. #, etc.

City & State  
**Lough Acres, FL**


City & State

Zip  
**33975**

Country  
**USA**

Zip

Country



04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number **35-2245385** Applied For  
 Not Applicable

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

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

**CONROY, J. THOMAS III  
 2640 GOLDEN GATE PARKWAY  
 SUITE 115  
 NAPLES, FL 34105**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, JOHN M		NAME		
STREET ADDRESS	2316 HARRIER RUN		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, DAVID B		NAME		
STREET ADDRESS	28650 ALTESSA WAY NO 201		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34315		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARLING, HEYWARD B		NAME		
STREET ADDRESS	10090 VALIANT COURT NO 201		STREET ADDRESS		
CITY-ST-ZIP	MIROMAR LAKES, FL 33913		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE:  **Heyward B. Starling** 4/28/06 239-303-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #