2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2006 8:00 am
Secretary of State
04-24-2006 90065 005 ****50.00

DOCUMENT # L05000032648

1. Entity Name

TAYLOR RENTAL PROPERTIES, LLC

Principal Place of Business	Mailing Address
5806 S. GORDON AVENUE TAMPA FL 33311	5806 S. GORDON AVENUE TAMPA FL 33311

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
as above	as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2865669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
1210 MILLENNIUM PARKWAY
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name: Lorraine Taylor
Street Address (P.O Box Number is Not Acceptable): 5806 S. Gordon ave
City: Tampa FL Zip Code 33611

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: Lorraine H. Taylor — 11 apr 06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TAYLOR, LORRAINE H		NAME		
STREET ADDRESS	5806 S. GORDON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33311		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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 Section 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: Lorraine H. Taylor LORRAINE H. TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #