

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034547

FILED
Apr 24, 2008
Secretary of State

Entity Name: BRYANT TAYLOR ENTERPRISES, L.L.C.

Current Principal Place of Business:

111 LYNN DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

8227 LAIRD ST
PANAMA CITY BCH, FL 32408

Current Mailing Address:

111 LYNN DRIVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

8227 LAIRD ST
PANAMA CITY BCH, FL 32408

FEI Number: 20-2929332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRYANT, GARY
111 LYNN DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

BRYANT, GARY L
8227 LAIRD ST
PANAMA CITY BCH, FL 32408 US

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.

SIGNATURE: GARY L BRYANT MEMBER BRYANT TAYLOR ENT LLC

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: BRYANT, GARY L PRES
Address: 8227 LAIRD ST.
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: VP () Delete
Name: TAYLOR, ALLEN N VP
Address: 718 GAINOUS RD.
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY L BRYANT MEMBER BRYANT TAYLOR ENT LLC

PRES

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date