


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000045189 1. Entity Name TAYLOR-GRACE DEVELOPMENT, LLC	
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Principal Place of Business 1016 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110	Mailing Address 1016 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE

02012008No Chg-LLC CR2E083 (12/07)

4. FEI Number 81-0675536	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, MICHAEL J
1016 COLLIER CENTER WAY
SUITE 103
NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

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: Member or principal named in registered agent and fee. (Not applicable) (NOTE: Registered Agent's signature required when changing)

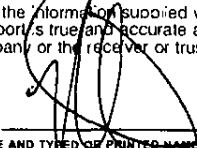
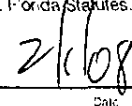
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONNORS, MICHAEL J 1016 COLLIER CENTER WAY, STE 103 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALVES, TRACY L 18 HERRICK ROAD GORHAM, ME 04038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/14/08-800009-012 138.75

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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:  

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

Date: _____ Day: _____ Month: _____