2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90019 034 ****55.00

DOCUMENT # L05000076440

1. Entity Name
TAYTOR LLC

Principal Place of Business	Mailing Address
710 16TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US	PO BOX 51198 JACKSONVILLE BEACH, FL 32250 US

02022006 Chg-LLC CR2E083 (11/05)

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

4. FEI Number 20-3530947 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURR, KAREN KOSTER ESQ. 1208 CAMPBELL CIRCLE JACKSONVILLE, FL 32207	Name: MONA PETERSON Street Address (P.O. Box Number is Not Acceptable): 710 16th Ave S. City: JacksonvilleBeach FL Zip Code 32250

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 [signature] / Mona Peterson 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	PETERSON, MONA	
STREET ADDRESS	710 16TH AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	MGRM	☐ Delete
NAME	PETERSON, BRUCE	
STREET ADDRESS	710 16TH AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: [signature] Mona Peterson 4-10-06 (904)241-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #