

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102381

FILED
May 03, 2006
Secretary of State

Entity Name: TAYBRO 2, LLC

Current Principal Place of Business:

38 NW 5TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

38 NW 5TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOSNER, STEVEN D
65 NW 16TH STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: TAYLOR BROS HOLDINGS, , LLC
Address: 38 NW 5TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: MGRM () Change (X) Addition
Name: TAYLOR, RENE W
Address: 38 NW 5TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: MGRM () Change (X) Addition
Name: TAYLOR, MARLOWE L
Address: 4082 FAIRWAY DRIVE
City-St-Zip: WILMETTE, IL 60091 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RENE W TAYLOR

MGRM

05/03/2006

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