


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90065 040 \*\*\*\*50.00

|  |                                     |                     |  |   |  |
|--|-------------------------------------|---------------------|--|---|--|
| <b>DOCUMENT # L05000113910</b><br>1. Entity Name<br><b>TAFT HOLDINGS II, LLC</b>   |                                     |                     |  |  |  |
| Principal Place of Business<br><b>1512 GRANVILLE DRIVE<br/>WINTER PARK, FL 32789</b>   |                                     |                     | Mailing Address<br><b>1512 GRANVILLE DRIVE<br/>WINTER PARK, FL 32789</b> |   |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc. |  |   |  |
| City & State   |                                     | City & State        |  |   |  |
| Zip  | Country                             | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |                                     |                     |  | 7. Name and Address of New Registered Agent                                       |  |
| <b>BEGGS &amp; LANE, A REGISTERED LLP<br/>501 COMMENDENCIA STREET<br/>PENSACOLA, FL 32502</b>  |                                     |                     |  | Name  |  |
|  |                                     |                     |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |                                     |                     |  | City  |  |
|  |                                     |                     |  | <b>FL</b> Zip Code  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                     |                     |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                     |                     | <b>Make check payable to<br/>Florida Department of State</b>             |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                     |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE  | MGR <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | Cosner, Jeanne B                    |                     | NAME   |   |  |
| STREET ADDRESS   | 1512 Granville Dr                   |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | Winter Park, FL 32789               |                     | CITY - ST - ZIP  |   |  |
| TITLE  | MGR <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | Cosner, Michael C                   |                     | NAME   |   |  |
| STREET ADDRESS   | 1512 Granville Dr                   |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | Winter Park, FL 32789               |                     | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |                     | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   |                                     |                     | NAME   | MM  |  |
| STREET ADDRESS   |                                     |                     | STREET ADDRESS   | Carl Cosner Jr Non-Exempt Marital Trust   |  |
| CITY - ST - ZIP  |                                     |                     | CITY - ST - ZIP  | 1512 Granville Dr   |  |
| TITLE  | <input type="checkbox"/> Delete     |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                     |                     | NAME   |   |  |
| STREET ADDRESS   |                                     |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                     |                     | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                     |                     | NAME   |   |  |
| STREET ADDRESS   |                                     |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                     |                     | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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 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: <u>Jeanne B Cosner</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                     |                     | 04/28/06 (407) 644-4912<br><small>Date Daytime Phone #</small>           |   |  |