

FILED
Sep 10, 2007 8:00 am
Secretary of State

04-23-2007 90371 047 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000089418			
1. Entity Name TAYLOR ESTATES LLC			
Principal Place of Business 9995 GATE PARKWAY NORTH, SUITE 400 JACKSONVILLE, FL 32246		Mailing Address 9995 GATE PARKWAY NORTH, SUITE 400 JACKSONVILLE, FL 32246	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03282007 Chg-LLC CR2E083 (12/06)	
4. ESI Number 20-5532883		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required ☐	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAYES, DEANNA 9995 GATE PARKWAY NORTH, SUITE 400 JACKSONVILLE, FL 32246		Name Curley, Charles R Jr Street 1301 Riverplace Blvd Suite 1500 Jacksonville, FL 32207 City FL 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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
B. MGRM		ADDITIONS/CHANGES	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP The Archer Group 9428 Baymeadows Road Suite 230 Jacksonville, FL 32256		☐ Change ☐ Addition	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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: 		Date: 4/25/07 904 9968337	