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Sep 10, 2007 8:00 am
Secretary of State

04-23-2007 90371 045 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000089726

1. Entity Name
TAYLOR ESTATES III LLC

30012759

Principal Place of Business	Mailing Address
9995 GATE PARKWAY NORTH, STE. 400 JACKSONVILLE, FL 32246	9995 GATE PARKWAY NORTH, STE. 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. FEI Number 20-5535118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, DEANNA ✓
9995 GATE PARKWAY NORTH, STE. 400
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Curley, Charles R Jr
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 [signature]
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, 2007

Make check payable to Florida Department of State

9.

			ADDITIONS/CHANGES
TITLE MGRM NAME The Archer Group STREET ADDRESS 9428 Baymeadows Road Suite 230 CITY-ST-ZIP Jacksonville, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] Tim Ritch 4/25/07 904 996 8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #