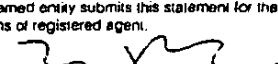
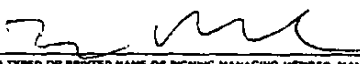


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

507123907859
4/23/2007-90371-046-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -5 AM 9:27

DOCUMENT # L06000089727			
1. Entity Name TAYLOR ESTATES II LLC			
Principal Place of Business 9995 GATE PARKWAY NORTH, STE. 400 JACKSONVILLE, FL 32246		Mailing Address 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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAYES, DEANNA 9995 GATE PARKWAY NORTH, STE. 400 JACKSONVILLE, FL 32246		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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: The Archer Group STREET ADDRESS: 9428 Baymeadows Road Suite 230 CITY- ST- ZIP: Jacksonville, FL 32256 ☐ Delete		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP: ☐ Delete		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP: ☐ Delete		☐ Change ☐ Addition	
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TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP: ☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida, 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 4/25/07 904 996 8837	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

REINSTATEMENT

2007