DOCUMENT # L9700000374						i		
TAYLOR CREEK HOLDINGS, L.C					FILED			
4 12: 17			01 AUG 27 PM 12: 17					
	ce of Business	Mailing Address P.O. BOX 220461		SECRETARY OF STATE				
STA OT BOX 22 LORABLATTE	.0461 NC 28222			AHASSEE, FLORIDA	7			
. 2,	***				1 10031015 010 10311 20412 03111 8011	• • • • • • • • • • • • • • • • • • •	i 1882 8181 1881	
2. Pripeipal	Place of Business 78915	3. Mailing Address P. O · Box	72915	$\overline{}$				
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			\dashv	DO NOT WRITE	IN THIS SPACE		
City Getat	ARLOTTE NC	CHAPLUT	State HARLOTTE NC 4.		4. FEI Number 58-2328986 Applied For Not Applicab		pplied For ot Applicable	
282	7) Country	28271	Country	5. Certif	ficate of Status Desired	S5.00 Add	ditional	
+7	6. Name and Address of Current	t Registered Agent	Name =	7. Name	e and Address of New Re			
AB	BERNETHY, BRUCE R JR	-		(D O Boy A	1 1 = 1= Met Appentable)			
90	00 VIRGINIA AVE JITE 6		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	DRT PIERCE FL 34982		04.					
			City			FL Zip Cod	e	
8. The above	e named entity submits this statement fo	or the purpose of changing its	s registered office or reg	jistered agent, o	or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature rec	cuired when reinstati	nol	DATE		
FILE NOW!!! FE					8000045	562588	8	
		ayable to Departmer	nt of State	-08/29/	/0101090 /0.00 *****	·004		
9.	MANAGING MEMBE		y September 26, 200)1 	ADDITIONS/C		30.00	
TITLE	MGR	☐ Delete	TITLE		nooment, _	Change	□ Addition (§	
NAME STREET ADDRESS	HOLLAND CONSTRUCTION C	NAME STREET ADDRESS	PO BOX	78915		83 (F		
CITY-ST-ZIP	CHARLOTTE NC 28222	CITY-ST-ZIP	CHARL		28271	CRZE083 (5/01)		
TITLE NAME	[': -	. Delete	TITLE NAME			☐ Change	Addition 5	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME			NAME			L. Uridings	Li Addition	
STREET ADDRESS CITY-ST-ZIP		نيسوريس ⊤ سست	STREET ADDRESS - CITY-ST-ZIP		· - Semissi			
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	-		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE =		Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME 2.4		_	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				1	
indicated	Destrify that the information supplied with on this report is true and accurate and ibility company or the receiver or truster	d that my signature chall have:	the came lengt offert ac	s if made under bapter 608, Flo	coth: that I am a managin	g member or manage	offermation or of the	
SIGNAT						131 MAT 0		

2001 UNIFORM BUSINESS REPORT (UBR)