2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L99000006750 TAYLOR RANCH L.L.C.		Se	cretary of Stat
Principal Place	of Business Mailing Address		7	_
. 11401 A.D. TAYLOR ROAD 11401 A.D. TAYLOR ROAD MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251				
_	^	00400	03292005 No Chg-LLC	CR2E083 (10/03)
L	O NOT WRITE IN THIS	SPACE	4. FEI Number 65-0957828	Applied For Not Applicable
			5. Certificate of Status Desired	55.00 Additional Fee Required
	6. Name and Address of Current Registered Agent			
TAYLOR, I	HUGH L	. ا	DO NOT W	DITE
11401 A.D	TAYLOR ROAD	•	_ , ,	
IVI I AINON	CITY, FL 34251		IN THIS SP	ACE
8. The above the obligat	named entity submits this statement for the purpose of chang ions of registered agent.	ging its registered office or regist	ered agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(ROTE Registered Agent signature require	Ad whoo reinstation)	DATE
Fi D	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		The second secon	
TITLE	P TANK OF THIS III			
NAME STREET ADDRESS	TAYLOR, HUGH L 11401 A.D. TAYLOR RD,			
CITY-ST-ZIP	MYAKKA CITY, FL 34251		L in anni	7215200
DITLE NAME STREET ADDRESS CITY-ST-ZIP		. (L. 	U00000315299 04/19/05-80027-020 50.00	
TITLE NAME STREET ADDRESS			DO NOT W	RITE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Ples.

APR 0 5 2005

IN THIS SPACE

Daytime Phone #