2007 LIMITED LIABILITY COMPANY

Apr 30, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # L99000006750 1. Entity Name ANDY D. TAYLOR RANCH L.L.C. Principal Place of Business Mailing Address 11401 A.D. TAYLOR ROAD 11401 A.D. TAYLOR ROAD MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 04032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0957828 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent TAYLOR, HUGH L DO NOT WRITE 11401 A.D. TAYLOR ROAD MYAKKA CITY, FL 34251 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE TAYLOR, HUGH L NAME 11401 A.D. TAYLOR RD. STREET ADDRESS U00000745243 MYAKKA CITY, FL 34251 CITY-ST-7IP 05/16/07-80021-014 50.0b TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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 MANAGIN MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-07

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