2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # M02000002268 **Secretary of State** 1. Entity Name TAYLOR & MATHIS OF FLORIDA, LLC Principal Place of Business Mailing Address 3500 LENOX ROAD 245 TOWN PARK DRIVE, SUITE 575 STE 500 KENNESAW GA 30144 ATLANTA GA 30324 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. tst MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 86-1084942 Not Applicable Zio Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Z_p 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, typed or printed name of registered again and title if hippincable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM 737 LE Addition THE □ Detete U00000412425 NAME TAYLOR & MATHIS, INC. NAME 02/10/06-80046-013 50.00 STREET ADDRESS STREET ADDRESS 3500 LENOX ROAD STE 500 CITY-ST-ZIP ATLANTA GA 30326 CITY-ST-ZIP Addition TITLE ☐ Delefe Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 Change ☐ Addition TITLE Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RITLE Defete TITLE Chango Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Addition Oelete Change MANE NAME STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP BILE Delete TILE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

IGNATURE: Frank & Dollans Frank & Dolbow, SVP+CFO, PAYLORA MATHIS, Inc. 1/23/04