

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000005551 1. Entity Name TAYLOR & FRANCIS GROUP, LLC	
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Principal Place of Business 6000 BROKEN SOUND PARKWAY NORTHWEST SUITE 300 BOCA RATON, FL 33487 US	Mailing Address P.O. BOX 810876 BOCA RATON, FL 33481-0876 US
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01182007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3801744	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
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 Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORTON, ROGER G 6000 BROKEN SOUND PARKWAY NW SUITE 300 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIGBY, PETER S 6000 BROKEN SOUND PARKWAY NW SUITE 300 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILBERTSON, DAVID S 6000 BROKEN SOUND PARKWAY NW SUITE 300 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOYE, ANTHONY M 6000 BROKEN SOUND PARKWAY NW SUITE 300 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADLEY, KEVIN 6000 BROKEN SOUND PKWY NW STE 300 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAGES, EMMETT 6000 BROKEN SOUND PARKWAY NW SUITE 300 BOCA RATON, FL 33487

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02/01/07-80027-025 50.00

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

SIGNATURE:  VIVIAN ESPINDOSA-KENNEDY 1/19/07 561-361-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #