


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 APR 23 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M97000000352</b>  TAYLOR MADE SYSTEMS FLORIDA, LLC 66 KINGSBORO AVE. GLOVERSVILLE NY 12078
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1a. Principal Place of Business Address  360 OLD SANFORD OVIEDO ROAD WINTER SPRINGS FL 32708
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2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address Suite, Apt. #, etc.  City & State  Zip Country
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3. Date Organized or Qualified 06/16/1997	3a. State of Formation DE
4. FEI Number 16-1520962	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/14/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  OWENS, JOHN K 360 OLD SANFORD OVIEDO ROAD WINTER SPRINGS FL 32708
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8. Name and Address of New Registered Agent/Office Name CT Corporation Systems Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc.  City Plantation Zip Code FL 33324
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Kathy D. Gilbert DATE 4/21/99  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when formed abroad)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	TAYLOR, JAMES W	66 KINGSBORO AVE (P.O. BO	GLOVERSVILLE NY
MBR	TAYLOR, JOHN E	66 KINGSBORO AVE (P.O. BO	GLOVERSVILLE NY

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: John E Taylor MEMBER 3/30/99  
SIGNATURE AND TYPE OF OFFICIAL (MANAGER, SECRETARY, MEMBER, OR MANAGER/MEMBER) IN BLOCK 10, OR ON AN ATTACHMENT WITH AN ADDRESS