

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90030 014 ****50.00

DOCUMENT # M98000000833

1. Entity Name
THE MORGAN-TAYLOR GROUP, L.L.C.



Principal Place of Business
**401-B YELVINGTON AVE.
CLEARWATER, FL 33755**

Mailing Address
**401-B YELVINGTON AVE.
CLEARWATER, FL 33755**

200508037

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
59-3523407

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRUMMOND, TEMPLE H ESQ
401 YELVINGTON AVE
CLEARWATER, FL 33755**

Name
Drummond, Temple H.

Street Address (P.O. Box Number is Not Acceptable)

~~6525 Jacqueline Arbor Drive~~

328 West Bearss Ave

City

Temple Terrace

FL

Zip Code
33613

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 **Temple H. Drummond, Temple H. Drummond**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/19/06
Date

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRADHAM, CAROLYN
401-B YELVINGTON AVE.
CLEARWATER, FL 33755** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

06-27-06
Date

Daytime Phone #

CAROLYN BRADHAM