


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000327 1. Entity Name TAYLOR MADE TECHNOLOGIES, LLC	
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Principal Place of Business 1900 47TH TERRACE EAST BRADENTON, FL 34203	Mailing Address 66 KINGSBORO AVE GLOVERSVILLE, NY 12078
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 33-0687882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reinstalling) **DATE** _____

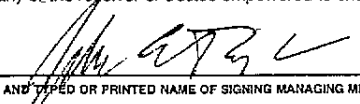
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JAMES W 66 KINGSBORO AVENUE GLOVERSVILLE, NY 12078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JOHN E 66 KINGSBORO AVENUE GLOVERSVILLE, NY 12078
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04/19/05-80018-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JOHN E. TAYLOR** **4/8/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #