


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90069 004 ****50.00

DOCUMENT # M99000000327					
1. Entity Name TAYLOR MADE TECHNOLOGIES, LLC					
Principal Place of Business 1900 47TH TERRACE EAST BRADENTON, FL 34203			Mailing Address 66 KINGSBORO AVE GLOVERSVILLE, NY 12078		
2. Principal Place of Business 65 HARRISON ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GLOVERSVILLE NY		City & State			
Zip 12078		Country		4. FEI Number 33-0687882	
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			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		ADDITIONS / CHANGES	
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, JAMES W 66 KINGSBORO AVENUE GLOVERSVILLE, NY 12078				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, JOHN E 66 KINGSBORO AVENUE GLOVERSVILLE, NY 12078				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)				<input type="checkbox"/> Delete
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: <u>John E Taylor MEMBER 3/23/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					