2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143130

Entity Name: TAYLOR MORRISON ESPLANADE NAPLES, LLC

FILED Feb 26, 2015 **Secretary of State** CC5535507342

Current Principal Place of Business:

4900 N. SCOTTSDALE ROAD **SUITE 2000**

SCOTTSDALE, AZ 85251

Current Mailing Address:

4900 N. SCOTTSDALE ROAD **SUITE 2000** SCOTTSDALE, AZ 85251 US

FEI Number: 45-4100117 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Title

Title

Title

CFO, VP

Authorized Person(s) Detail:

Title MANAGING MEMBER Title **PRESIDENT**

TAYLOR MORRISON OF FLORIDA. KEMPTON. JOHN STEVEN Name Name

INC.

٧P

Address 551 NORTH CATTLEMEN RD. Address 4900 N. SCOTTSDALE ROAD SUITE 200

SUITE 2000

SARASOTA FL 34232 City-State-Zip: City-State-Zip: SCOTTSDALE AZ 85251

SECRETARY, VP, GENERAL

CONE, C. DAVID Name CAMPBELL, MICHELLE M. Name

4900 N. SCOTTSDALE ROAD Address 551 NORTH CATTLEMEN RD. Address

SUITE 2000 SUITE 200

City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip: SARASOTA FL 34232

Title ASST. SECRETARY

> COUNSEL Name ESTRADA, CAROLINE G.

SHERMAN, DARRELL C. Name 4900 N. SCOTTSDALE ROAD Address

SUITE 2000

4900 N. SCOTTSDALE ROAD Address City-State-Zip: SCOTTSDALE AZ 85251

City-State-Zip: SCOTTSDALE AZ 85251

Title

Title ASST. SECRETARY Name MILLER, DOUGLAS D.

Name MERRILL. S. TODD 1211 N. WESTSHORE BLVD. Address

SUITE 512 Address 1211 N. WESTSHORE BLVD.

City-State-Zip: TAMPA FL 33607 **SUITE 512**

City-State-Zip: TAMPA FL 33607

SUITE 2000

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/26/2015 SIGNATURE: CAROLINE G. ESTRADA ASST. SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date

Authorized Person(s) Detail Continued:

Title VP

Name STEFFENS, LOUIS E.

Address 1211 N. WESTSHORE BLVD.

SUITE 512

City-State-Zip: TAMPA FL 33607

Title VP

Name LONGENECKER, CAMMIE L.

Address 551 NORTH CATTLEMEN RD.

SUITE 200

City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT - LAND

Name ASHER, JOHN P.

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Title VP

Name MCCHESNEY, VALERIE

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Title AUTHORIZED AGENT - SALES

Name BRIONES, TRACY

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Title AUTHORIZED AGENT - LAND

Name TRUXTON, DAVID

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Title VP

Name MANSFIELD, MICHAEL E.

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SUITE 200

City-State-Zip: SARASOTA FL 34232

Title VP

Name SQUITIERI, ANTHONY ("TONY") J.

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Title AUTHORIZED AGENT - SALES

Name TER DOEST, ROBERT

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Title VP

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Title AUTHORIZED AGENT - LAND

Name BESSE, JASON

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200

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