#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143130

Entity Name: TAYLOR MORRISON ESPLANADE NAPLES, LLC

**FILED** Jan 25, 2014 **Secretary of State** CC0584659294

# **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:

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:

Electronic Signature of Registered Agent Date

Address

551 NORTH CATTLEMEN RD.

Authorized Person(s) Detail:

MANAGING MEMBER Title Title **PRESIDENT** 

TAYLOR MORRISON OF FLORIDA. KEMPTON. JOHN STEVEN Name Name

INC.

4900 N. SCOTTSDALE ROAD Address SUITE 200

**SUITE 2000** 

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

Title CFO, VP Title ٧P

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

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

**SUITE 2000** SUITE 200

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

Title SECRETARY, VP, GENERAL Title TREASURER, VP

COUNSEL

Name BOYD. CALVIN R. Name SHERMAN, DARRELL C.

4900 N. SCOTTSDALE ROAD 4900 N. SCOTTSDALE ROAD Address Address

**SUITE 2000 SUITE 2000** 

SCOTTSDALE AZ 85251 City-State-Zip: City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY Title ASST. SECRETARY Name ESTRADA, CAROLINE G. MERRILL, S. TODD Name

Address 4900 N. SCOTTSDALE ROAD 1211 N. WESTSHORE BLVD. Address **SUITE 2000** 

**SUITE 512** 

SCOTTSDALE AZ 85251 City-State-Zip: TAMPA FL 33607 City-State-Zip:

#### Continues on page 2

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.

01/25/2014 SIGNATURE: CAROLINE G. ESTRADA ASST. SECRETARY

### Authorized Person(s) Detail Continued:

Address

Title Title VΡ

STEFFENS, LOUIS E. Name MILLER, DOUGLAS D. Name

Address 1211 N. WESTSHORE BLVD. Address 1211 N. WESTSHORE BLVD.

SUITE 512 SUITE 512

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

VΡ VΡ Title Title

Name MANSFIELD, MICHAEL E. Name LONGENECKER, CAMMIE L. Address 551 NORTH CATTLEMEN RD. Address 551 NORTH CATTLEMEN RD.

SUITE 200 SUITE 200

SARASOTA FL 34232 SARASOTA FL 34232 City-State-Zip: City-State-Zip:

Title VΡ Title **AUTHORIZED AGENT - LAND** 

SQUITIERI, ANTHONY ("TONY") J. ASHER, JOHN P. Name Name

Address 551 NORTH CATTLEMEN RD. Address 551 NORTH CATTLEMEN RD.

SUITE 200 SUITE 200

SARASOTA FL 34232 City-State-Zip: City-State-Zip: SARASOTA FL 34232

Title **AUTHORIZED AGENT - FINANCE** Title ASST. TREASURER, VP

TER DOEST, ROBERT Name

Name MCCHESNEY, VALERIE

> 551 NORTH CATTLEMEN RD. Address 551 NORTH CATTLEMEN RD.

SUITE 200 SUITE 200

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

VΡ Title Title **AUTHORIZED AGENT - FINANCE** 

PALKA, RUSSELL BRIONES, TRACY Name Name

551 NORTH CATTLEMEN RD. Address 551 NORTH CATTLEMEN RD. Address

SUITE 200 SUITE 200

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232