

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143130

Entity Name: TAYLOR MORRISON ESPLANE NAPLES, LLC**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

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name TAYLOR MORRISON OF FLORIDA, INC.
Address 4900 N. SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title PRESIDENT
Name KEMPTON, JOHN STEVEN
Address 551 NORTH CATTLEMEN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title CFO, EXECUTIVE VICE PRESIDENT
Name CONE, C. DAVID
Address 4900 N. SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title SECRETARY, EXECUTIVE VICE
PRESIDENT, CHIEF LEGAL OFFICER
Name SHERMAN, DARRELL C.
Address 4900 N. SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G.
Address 4900 N. SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name MERRILL, S. TODD
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 VP
Name PALKA, RUSSELL
Address 551 NORTH CATTLEMEN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

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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.

SIGNATURE: CAROLINE G. ESTRADA**ASST. SECRETARY****03/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name BESSE, JASON
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT - FINANCE
Name FULMER, RYAN
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT - FINANCE
Name GOLDSTEIN, KAREN
Address 551 NORTH CATTLEMEN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name MARTIN, TIMOTHY
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name SORENSEN, ANDREW ("ANDY")
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT (SWFL) - LAND DEVELOPMENT
Name MILLER, ANDREW ("DREW")
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name HUFF, KEVIN
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232