

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90013 044 ****50.00

2005



DOCUMENT # L04000090882 1. Entity Name LIBERTY YOUTH RANCH, LLC					
Principal Place of Business 5687 NAPLES BLVD. NAPLES, FL 34108				Mailing Address 5687 NAPLES BLVD. NAPLES, FL 34108	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 110718		04122005 Chg-LLC CR2E083 (10/03)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-2058789	
Zip 34109		Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIMMITT, ALAN C 5687 NAPLES BLVD. NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34109	
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dimmitt, Alan C. Mr. PO Box 110718 Naples FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lawhon, M. Kevin Mr. PO Box 110718 Naples FL 34108	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Thomason, Donald Mr. PO Box 110718 Naples FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Samblanet Mr. PO Box 110718 Naples FL 34108	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Carroll, Raymond Mr. PO Box 110718 Naples FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dimmitt, Angela Mrs. PO Box 110718 Naples FL 34108	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Meulenberg, Drew Mr. PO Box 110718 Naples FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeAngelis, John Mr. PO Box 110718 Naples, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Koentopf, David Mr. PO Box 110718 Naples FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/12/05 Daytime Phone #: 239-597-7070		