## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT					secretary of State			
DOCUMENT # L0400090882  1. Entity Name LIBERTY YOUTH RANCH, LLC					04-19-2005 90013 044 ****50.00			
Principal Place of Business  5687 NAPLES BLVD.  NAPLES, FL 34108  Mailing Address  5687 NAPLES BLVD.  NAPLES, FL 34108						NEME (1816) 48(41   816) 121(6 115	<b>18</b> 1 mi 1 <b>11</b> 1	
2. Principal Place of Business		3. Mailing Address PO BOX 110718						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122005	Chg-LLC	CR2E083 (10/03)		
City & Stat		Naples, FL		4. FEI Numb	2058789		plied For t Applicable	
<sup>Zip</sup> 3410	09 Country	34108	Country		e of Status Desired	□ \$5.00 Add Fee Required		
<del></del>	6. Name and Address of Current F	registered Agent	Name	7Name and	d Address of New Rec	gistered Agent		
DIMMITT, ALAN C 5687 NAPLES BLVD.			Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL -34100-								
			City	****		FL Zip Sod	109	
	named entity submits this statement for tions of registered agent.	the purpose of changing its regi	istered office or re	gistered agent, or bo	oth, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Reg	gistered Agent signature	required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005			·					
						check payable to Department of State	•	
D:		RS/MANAGERS	10.			Department of State	· ·	
	ue by May 1, 2005	RS/MANAGERS	TITLE D	<u> </u>	ADDITIONS/C	Department of State	Addilion	
9.	ue by May 1, 2005		TITLE D	awhon, M. K	ADDITIONS/C	Department of State		
9. TITLE	MANAGING MEMBER  D  Dimmitt, Alan C. Mr.  PO BOX 110718		NAME IN STREET ADDRESS P	o Box 110718	ADDITIONS/O	Department of State		
9. TITLE NAME	MANAGING MEMBER  D  Dimmitt, Alan C. Mr.  PO BOX 110718		NAME STREET ADDRESS CITY-ST-ZIP	o Box 110718 Vaples FL	ADDITIONS/O	Department of State		
9. TITLE NAME STREET ADDRESS	ne by May 1, 2005  MANAGING MEMBER  Dimmitt, Alan C. Mr.  PO &OX 110718  Naples FL 34108  C	□ Delele □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	o Box 110718 Vaples FL	ADDITIONS/O evin Mr. 34108	Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ne by May 1, 2005  MANAGING MEMBER  Dimmitt, Alan C. Mr.  PO &OX 110718  Naples FL 34108  C	□ Delele □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME D	o Box (10718 Vaples FL Dennis Sami	ADDITIONS/O evin Mr. 34108 blanet Mr.	Department of State  HANGES  Change	Addition	
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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 rustreet movement to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING MANAGINE MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/05

239-597-7070