2006 LIMITED LIABILITY COMPANY

Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000090882 04-17-2006 90044 002 ****50.00 1. Entity Name LIBERTY YOUTH RANCH, LLC Principal Place of Business Mailing Address 5687 NAPLES BLVD. P.O. BOX 110718 NAPLES, FL 34108 NAPLES, FL 34108 US 2. Principal Place of Business 3. Mailing Address 27725 bld US 41 Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Suite # 104 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Bonita Springs 20-2058789 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIMMITT, ALAN C Street Address (P.O. Box Number is Not Acceptable) 5687 NAPLES BLVD. NAPLES, FL 34108 Suite # 154 Springs 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE ☐ Delete Change Change ☐ Addition Dimmit Alan C DIMMITT, ALAN C NAME NAME PO BOX 1107/8 STREET ADDRESS P.O. BOX 110718 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP Naples FL 34108 TITLE Delete TITLE ☐ Change Addition THOMASON, DONALD NAME Kent, Kriston J PO BOX 110718 NAME STREET ADDRESS P.O. BOX 110718 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP Naples FL 34108 TITLE TITLE ☐ Change Addition Angela J bimmitt CARROLL, RAYMOND NAME NAME STREET ADDRESS P.O. BOX 110718 PO BOX 110718 STREET ADDRESS CITY-ST-7IP NAPLES, FL 34108 CITY-ST-ZIP Nasles, FL 34108 TITLE 😾 Delete TITLE ☐ Change ☐ Addition MEULENBERG, DREW NAME NAME STREET ADDRESS P.O. BOX 110718 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of sustee empracered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

DEANGELIS, JOHN

NAPLES, FL 34108

KOENTOPF, DAVID

NAPLES, FL 34108

P.O. BOX 110718

P.O. BOX 110718

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

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GNATURE AND TYPED OR PRINTED NAME OF ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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