


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007469	
1. Entity Name ARTHUR O. YOUNG LIFE INTEREST TRUST, LLC	

Principal Place of Business 37812 CALLIOPE LANE ZEPHYRHILLS FL 33539	Mailing Address 37812 CALLIOPE LANE ZEPHYRHILLS FL 33539
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/07)

4. FEI Number 59-7175744		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent REFFITT, LINDA YOUNG 37812 CALLIOPE LANE ZEPHYRHILLS FL 33539		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMERON ARTHUR YOUNG 117 CASEY KEY ROAD NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000772123 08/16/07-80003-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

Aug 17, 2007

Daytime Phone #