2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	ne	0009668					
JOHN YOUNG DEVELOPMENT COMPANY, LLC				FILED	FILED		
Principal Place of Business 600 COURTLAND STREET. SUITE 550 CRLANDO FL 32804 Mailing Address 600 COURTLAND STREE ORLANDO FL 32804 ORLANDO FL 32804			ET. SUITE 550	O1 JUN -4 AH 10: 09 SECRET/RY OF STATE TALLAHASGEE FLORIDA			
2. Principal Place of Business 3. Mailing Address			-				
Suite, Apt. #, etc. Suite, Apt. #, etc.		· <u> </u>	DO NOT WRITE IN THIS SPACE				
City & State City & State		City & State	 	4. FEI Number Applied I Applied I Not Appl			
Zip	Country	Zip	Country	5. Certificate of Status Desired Spee Required \$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Name Street Ad	Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525			.				
TABLA MODEL FE DECOT ESES			City	Zip Code			
SIGNATURE	Signature, typed or printed name of registered agent.			r registered agent, or both, in the State of Florida. Ure required when reinstating) DATE	_		
:	·	1	OW!!! FEE IS \$5 ayable to Departn	·			
9. •	MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete BYWATER, F.B. 600 COURTLAND STREET, SUITE 550 ORLANDO FL 32804		NAME STREET ADDRESS CITY-ST-ZIP	. ☐ Change ☐ A	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYWATER, MARY WAYNE C 600 COURTLAND STREET, SUITE 550 ORLANDO FL 32804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change A 4UUUU4420144 			
NAME STREET ADDRESS CITY-ST-ZIP	MGRMBYWATER, FREDERICK B JR. 3201 ARDSLEY DRIVE ORLANDO FL 32804	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ddition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYWATER, WILLIAM G 600 COURTLAND STREET, SUIT ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYWATER, LESLIE WAYNE 3201 ARDSLEY DRIVE ORLANDO FL 32804	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition		
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same legal effect	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the informat ct as if made under oath; that I am a managing member or manager of the by Chapter 608, Florida Statutes.	tion		

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Daytime Phone #