

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90082 036 \*\*\*\*50.00

**DOCUMENT # L00000009668**

1. Entity Name  
**JOHN YOUNG DEVELOPMENT COMPANY, LLC**

Principal Place of Business Mailing Address  
**600 COURTLAND STREET, SUITE 550** **600 COURTLAND STREET, SUITE 550**  
**ORLANDO FL 32804** **ORLANDO FL 32804**

2. Principal Place of Business 3. Mailing Address  
**105 E ROBINSON ST STE 540** **105 E Robinson St**

(Suite) Apt. #, etc. (Suite) Apt. #, etc.  
**540** **540**

City & State City & State  
**ORLANDO FL** **Orlando, FL**

Zip Country Zip Country  
**FL 32804** **32804**

4. FEI Number **59-3641370** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**  
**TALLAHASSEE FL 32301-2525**

Name **Kenneth F. Oswald, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**600 COURTLAND ST. STE 110**  
 City **ORLANDO** FL Zip Code **32804**

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.

SIGNATURE *[Signature]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BYWATER, F.B.</b> <b>600 COURTLAND STREET, SUITE 550</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>105 E. ROBINSON, STE 540</b> <b>ORLANDO, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BYWATER, MARY WAYNE C</b> <b>600 COURTLAND STREET, SUITE 550</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BYWATER, FREDERICK B JR.</b> <b>3201 ARDSLEY DRIVE</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BYWATER, WILLIAM G</b> <b>600 COURTLAND STREET, SUITE 550</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BYWATER, LESLIE WAYNE</b> <b>3201 ARDSLEY DRIVE</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REC'D: B. BYWATER** 1/17/02 407-206-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #

CR2E083 (9/01)