


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-21-2008 90069 030 ****25.00
 03-13-2008 90268 001 ****113.75

DOCUMENT # L00000009668
 1. Entity Name
 JOHN YOUNG DEVELOPMENT COMPANY, LLC



Principal Place of Business Mailing Address
 105 E ROBINSON ST 105 E ROBINSON ST
 SUITE 540 SUITE 540
 ORLANDO FL 32804 ORLANDO FL 32804



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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
 OSWALD, KENNETH E. ESO
 600 COURTLAND ST
 STE 110
 ORLANDO FL 32804

4. FEI Number 59-3641370 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BYWATER, F.B.	
STREET ADDRESS	105 E ROBINSON STE 540	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BYWATER, MARY WAYNE C	
STREET ADDRESS	105 E ROBINSON STE 540	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BYWATER, FREDERICK B JR.	
STREET ADDRESS	105 E ROBINSON STE 540	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BYWATER, WILLIAM G	
STREET ADDRESS	105 E ROBINSON STE 540	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BYWATER, LESLIE WAYNE	
STREET ADDRESS	105 E ROBINSON STE 540	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *FB Bywater* **FB BYWATER** 2/8/08 4072065731
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Payment Due