## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG MANAGINA HEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Mar 11, 2005 08:00 AM Secretary of State

1. Entity Nar	IMENT # L010000 me LAND DEVELOPMENT, L	· —		56	cretary of State	
Principal Place of Business Mailing Address 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256			E. 403			
				, , , , , , , , , , , , , , , , , , , ,		
Γ	O NOT WRIT	E IN THIS SPA	CE	01242005 No Chg-LLC		
				59-3702187	Not Applicable	
				5. Certificate of Status Desired	S5.00 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent				
YOUNG, JAMES R 9471 BAYMEADOWS ROAD STE 403			======	DO NOT WRITE		
	WILLE, FL 32256			IN THIS SP	ACE	
	e named entity submits this statementions of registered agent.  Signature, typed or printed name of registered s	nt for the purpose of changing its register gent and title if applicable (NOTE Registe	red office or register		ida. I am familiar with, and accept	
D	iling Fee is \$50.00 ue by May 1, 2005					
DITLE	MANAGING MEI	MBERS/MANAGERS	_			
NAME STREET ADDRESS CITY- ST-ZIP	YOUNG LAND GROUP, INC. 9471 BAYMEADOWS RD., S' JACKSONVILLE, FL 32256	ΓΕ. <b>402</b>				
TITLE NAME STREET AUDRESS CITY-ST-ZIP				U00000 03/12/05-	260006 90007-005 50.00	
TITLE						
NAME STREET ADDRESS CITY-ST-ZIP	. <u>.</u> .			DO NOT W	RITE	
TITLE NAME				IN THIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP						
TITLE		<u> </u>				
NAME Street address						
GITY-ST-ZIP						
TITLE NAME			1		į	
STREET ADDRESS						
CITY-SI-ZIP .	certify that the information supplied	with this filing does not qualify for the exe	emption stated in Sec	tion 119.07(3)(i) Fiorida Statutes 11	urther certify that the information	
indicated	on this report is true and accurate a	and that my signature shall have the samulate empowered to execute this report a	e legal effect as if m	ade under oath, that I am a managir	ng member or manager of the	