

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90185 045 ****50.00

DOCUMENT # L01000016026

1. Entity Name

JOHN YOUNG INVESTMENTS, LLC



Principal Place of Business

2611 TECHNOLOGY DRIVE
ORLANDO FL 32804

Mailing Address

2611 TECHNOLOGY DRIVE
ORLANDO FL 32804

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 608066

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32860-8066

U.S.A.



MOORE

CR2E083 (11/03)

4. FEI Number

32-0000186

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

LONG-DOUGLAS F
1500 LEE ROAD, STE. 200
ORLANDO FL 32810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MGR
LONG, DOUGLAS F
STREET ADDRESS
1500 LEE ROAD, STE. 200
CITY-ST-ZIP
ORLANDO FL 32810

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
2611 TECHNOLOGY DRIVE
STREET ADDRESS
ORLANDO, FL 32804
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DOUGLAS F. LONG

3-15-04 (407)578-2000