## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000016026

Entity Name
JOHN YOUNG INVESTMENTS, LLC



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

2611 TECHNOLOGY DRIVE ORLANDO, FL 32804

Mailing Address

P.O. BOX 608066 ORLANDO, FL 32860-8066 US



01192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0000186		Applied For Not Applicable
5. Certificate of Status Desired		\$5.00 Additional
J. Certificate of Status Desired	<u> </u>	Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

F & L CORP. ONE INDEPENDENT DR SUITE 1300 JACKSONVILLE, FL 32202

## DO NOT WRITE IN THIS SPACE

<ol> <li>In a 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.</li> </ol>				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee Is \$50.00 ue by May 1, 2007			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGR LONG, DOUGLAS F 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000631811 02720707-80062-014 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 Chapter 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.

Douglas F. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL MANAGING ME BER, OR AUTHORIZED REPRESENTATIVE

1-30-07

407-578-2000

Daytime Phone #