## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 28, 2006 8:00 am Secretary of State DOCUMENT # L03000041090 04-28-2006 90015 017 \*\*\*\*55.00 1. Entity-Name FOR YOUTH, L.L.C. Mailing Address Principal Place of Business P.O. BOX 429 P.O. BOX 429 UNICOI, TN 37692 UNICOI, TN 37692 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E083 (11/05) Chg-LLC City & State Applied For City & State 4. FEI Number **APPLIED FOR** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAXLEY, MILTON H II Street Address (P.O. Box Number is Not Acceptable) 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609 City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Change ☐ Addition TITLE ☐ Delete MIF MOORE, JESSIE NAME NAME STREET ADDRESS 36 SIMROCK PARK STREET ADDRESS WILDWOOD, FL 34785 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. 3/27/06 D TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**