2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044849

1. Entity Name

PEMBROKE PINES YOUTH INVESTMENTS, L.L.C.



FILED Jan 17, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1121 N.W. 115TH AVENUE PLANTATION, FL 33323

1121 N.W. 115TH AVENUE PLANTATION, FL 33323



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 L	Applied For
20-0417419		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLARD, DOUGLAS S 1121 N.W. 115TH AVENUE PLANTATION, FL 33323

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE		
	named entity submits this statement for the purpose of changing its regist ions of registered agent.	ared office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE		wed Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME	MGR MILLARD, DOUGLAS			
STREET ADDRESS	1121 N.W. 115TH AVENUE			
CITY-ST-ZIP	PLANTATION, FL 33323			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000787338 01/17/08-80075-024 138.75		
TITLE NAME STREET ADDRESS		DO NOT WRITE		
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				

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 ave the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyers. It is execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED HA E OF SWIMO MANAGE O MEMBER, CHARTHORIZED REPRESENTA

7/08

Daytime Phone #