



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044851 1. Entity Name MARGATE YOUTH INVESTMENTS, L.L.C.														
Principal Place of Business 1121 N.W. 115TH AVENUE PLANTATION, FL 33323		Mailing Address % DOUG MILLARD 1121 NW 115TH AVENUE PLANTATION, FL 33323												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent MILLARD, DOUGLAS S 1121 NW 115TH AVE PLANTATION, FL 33323		DO NOT WRITE IN THIS SPACE												
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: _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____														
Filing Fee is \$50.00 Due by May 1, 2007		UD00000584005 01/12/07-80019-010 50.00												
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>MGR MILLARD, DOUGLAS 1121 N.W. 115TH AVENUE PLANTATION, FL 33323</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MILLARD, DOUGLAS 1121 N.W. 115TH AVENUE PLANTATION, FL 33323	TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE
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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. SIGNATURE:  1/8/07 954-584-2134 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #														