2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056841

1. Entity Name SCOTT YOUNKMAN, LLC



FILED Apr 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2541 HILLVIEW STREET SARASOTA, FL 34239

2541 HILLVIEW STREET SARASOTA, FL 34239



DO NOT WRITE IN THIS SPACE

02182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0525069

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNKMAN, SCOTT -2541 HILLVIEW STREET SARASOTA, FL 34239

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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)

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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNKMAN, SCOTT 2541 HILLVIEW STREET SARASOTA, FL 34239
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-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

RE AND TYPED OR PRINTED

- Youle on Signing MANAGING NEWBER OF

4-2-08

941.365.0426

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