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RICHARD L. BROWN, P.A.

(772) 231-8855

FILED²Feb 24, 2006 08:00 AM
Secretary of State**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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| DOCUMENT # L04000059313 | |  |
| 1. Entity Name YOUNG & COMPANY, LLC | | |
| Principal Place of Business 6423 55TH SQUARE VERO BEACH, FL 32967 | | Mailing Address 6423 55TH SQUARE VERO BEACH, FL 32967 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 02092006 No Chg-LLC CR2E083 (11/05) | | |
| 4. FCI Number NOT APPLICABLE | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| BROWN, RICHARD L ESQ 545 BEACHLAND BLVD. VERO BEACH, FL 32963 | | 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reelecting)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM YOUNG, DAN R 6423 55TH SQUARE VERO BEACH, FL 32967 | <div>U000000445291</div> <div>03/07/06-80034-021 55.00</div> 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 808, Florida Statutes. | | |
| SIGNATURE: <u>Dan R. Young</u> DAN R. YOUNG | | 02-18-06 772-4735210 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> |