2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000092612

1. Entity Name
YOUNG'S GROVE PROPERTIES, LLC



FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90011 010 ****50.00

Principal Place of Business

Mailing Address

1515 HIGHWAY 17 NORTH EAGLE LAKE, FL 33893 1515 HIGHWAY 17 NORTH EAGLE LAKE, FL 33893



03142006 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number		 Applied For
20-2168388	[Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

6. Name and Address of Current Registered Agent

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING

SIGNATURE:

LĀSMĀN, JĒFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 1210 MILLENNIUM PARKWAY BRANDON, FL 33511

Ξ.,				, -19	4				, 53	5 7
L)()	N)T	-V	۷F	} 		E
ĮU,	Bellel.		N.L.	A JATES		Fit. 1	ijei : aniš	8 22	ų.	qì.
7	N	, 15	ΓĽ	11	Q:	9	\mathbf{p}_{l}	\C	١.	
- 1		9 1			·	•		7	,	-

DIVINDON	4,12 00011		
		The second secon	The state of the s
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the Si	ate or Fiorida. Tam familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered egent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi De	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	Nave	
TITLE	MGRM	The second secon	# # # # # # # # # # # # # # # # # # #
NAME	YOUNG, CHARLES J III	The state of the s	
STREET ADDRESS CITY-ST-ZIP	1515 HIGHWAY 17 NORTH EAGLE LAKE, FL 33893		
TITLE	MGRM		
NAME	YOUNG, NANCY L III		
STREET ADDRESS	1515 HIGHWAY 17 NORTH		
CITY - ST - ZIP	EAGLE LAKE, FL 33893	The late of the la	The second secon
TITLE			
NAME			
STREET ADDRESS CMY-ST-ZIP		DO NO	T WRITE
TITLE			
NAME			SPACE
STREET ADDRESS			
CITY-\$T-ZIP			
TITLE			E
NAME		ATT . ATT . A STATE . A ST	
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS		general government of the second	्रमूर ेम्ब्रास्ट
CITY-ST-ZIP			

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.

AGING MEMBER, OR AUTHORIZED REPRESENTATIVE