

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 03, 2007
Secretary of State

Entity Name: YOUNG'S RENTAL HOUSES, LLC

Current Principal Place of Business:

1515 HIGHWAY 17 NORTH
EAGLE LAKE, FL 33893

New Principal Place of Business:

1515 HIGHWAY 17 NORTH
EAGLE LAKE, FL 33839

Current Mailing Address:

1515 HIGHWAY 17 NORTH
EAGLE LAKE, FL 33893

New Mailing Address:

1515 HIGHWAY 17 NORTH
EAGLE LAKE, FL 33839

FEI Number: 20-2168938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YOUNG, CHARLES J III
Address: 1515 HIGHWAY 17 NORTH
City-St-Zip: EAGLE LAKE, FL 33893

Title: MGRM () Delete
Name: YOUNG, NANCY L
Address: 1515 HIGHWAY 17 NORTH
City-St-Zip: EAGLE LAKE, FL 33893

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YOUNG, CHARLES J III
Address: 1515 HIGHWAY 17 NORTH
City-St-Zip: EAGLE LAKE, FL 33839

Title: MGRM (X) Change () Addition
Name: YOUNG, NANCY L
Address: 1515 HIGHWAY 17 NORTH
City-St-Zip: EAGLE LAKE, FL 33839

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY L. YOUNG

MGRM

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date