2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 02, 2006 08:00 A Secretary of State DOCUMENT # L05000007959 1. Entity Name YOUNG BROS, LLC Principal Place of Business Mailing Address 299 MEAGAN BETH RD 299 MEAGAN BÈTH RD APOPKA, FL 32712 APOPKA, FL 32712 01312006 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 75-3180277 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YOUNG, TODD M 299 MEAGAN BETH RD APOPKA, FL 32712 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, typed or printed pame of registered agent and title if applicable DATE (NOTE: Registered Aged) slopature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE YOUNG, TODD M NAME STREET ADDRESS 299 MEAGAN BETH RD CITY-ST-ZIP APOPKA, FL 32712 TITLE NAME STREET ADDRESS 03/14/06-60023-002 50.00 CITY-ST-ZIP RITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1/9, 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

d.25.206

407. 922.55

Daytime Phone #

FILED