


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90016 025 \*\*\*143.75

<b>DOCUMENT # L05000031530</b> 1. Entity Name YOUNG GUNS CONSTRUCTION, L.L.C.	
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Principal Place of Business 223 FOXMEYER ROAD SANTA ROSA BEACH FL 32459	Mailing Address 223 FOXMEYER ROAD SANTA ROSA BEACH FL 32459
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-2600671		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  MCMULLEN, MARK R ESQ 4475 LEGENDARY DRIVE DESTIN FL 32541	7. Name and Address of New Registered Agent Name <u>KELLIE HYDE</u> Street Address (P.O. Box Number is Not Acceptable) <u>223 FOXMEYER DRIVE</u> <u>SANTA ROSA BEACH</u> City <u>FL</u> Zip Code <u>32459</u>
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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 KELLIE HYDE (NOTE: Registered Agent signature required when re-registering) DATE APRIL 14-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYDE, KELLIE 223 FOXMEYER ROAD SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature] DATE APRIL 14-08 DAYTIME PHONE # 850-346-4800

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