


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000113212 1. Entity Name FOREVER YOUNG LLC	
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Principal Place of Business 5100 SE BURNING TREE CIRCLE STUART, FL 34997 US	Mailing Address 5100 SE BURNING TREE CIRCLE STUART, FL 34997 US
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04252008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4692380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPITZER, ROXANE  
5100 SE BURNING TREE CIRCLE  
STUART, FL 34997

**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 *Roxane Spitzer* DATE 4/27/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLESHOOD, H. LEE 5100 SE BURNING TREE CIRCLE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPITZER, ROXANE 5100 SE BURNING TREE CIRCLE STUART, FL 34997
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U00000935980  
05/23/08-80093-016 138.75

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: *H. Lee Fleshood* DATE 4/27/08 DAYTIME PHONE # (772) 287-8140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #