2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L98000003488

Entity Name: C. YOUNG CONSTRUCTION, L.L.C.

Current Principal Place of Business:

9640 SUNBEAM CENTER DR
SUITE 1
JACKSONVILLE, FL 322771101

New Principal Place of Business:

Current Mailing Address:

9640 SUNBEAM CENTER DR
SUITE 1
JACKSONVILLE, FL 322771101

New Mailing Address:

FEI Number: 59-3558280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE, SUITE A
JACKSONVILLE, FL 32204 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, C. COLEMAN JR	
Address:	9640 SUNBEAM CENTER DR #1	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	VP	( ) Delete
Name:	ISBELL, JEREMY R	
Address:	9640 SUNBEAM CENTER DR #1	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	TREA	( ) Delete
Name:	MCKINNEY, SUE ELLEN	
Address:	9640 SUNBEAM CENTER DR #1	
City-St-Zip:	JACKSONVILLE, FL 32257	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: SUE ELLEN MCKINNEY TREA 02/02/2009

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