2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# M96000000448

Entity Name: G4S YOUTH SERVICES, LLC

Current Principal Place of Business:

9609 GAYTON ROAD, SUITE 100
RICHMOND, VA 23238

New Principal Place of Business:

Current Mailing Address:

9609 GAYTON ROAD, SUITE 100
RICHMOND, VA 23238

New Mailing Address:

FEI Number: 54-1859903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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:	BROWNE, GAIL Y	
Address:	9602 GAYTON ROAD, SUITE 100	
City-St-Zip:	RICHMOND, VA 23238	
Title:	MGRM	( ) Delete
Name:	MORGENTHAU, JOHN L	
Address:	2092 CYNTHIA DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGRM	( ) Delete
Name:	WALTERS, FIONA	
Address:	30201 AVENTURA	
City-St-Zip:	RANCHO SANTA MARGARITA, CA 92688	

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 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: GAIL Y. BROWNE CEO 04/20/2006

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