

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000448

Entity Name: G4S YOUTH SERVICES, LLC

FILED
Apr 17, 2007
Secretary of State

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

04/17/2007

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