


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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UD0000935980
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 #