


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90055 047 ****50.00

DOCUMENT # L04000050158					
1. Entity Name KATSUR AT WESTERN KENTUCKY, LLC					
Principal Place of Business 926 GREAT POND DR, STE 2003 ALTAMONTE SPRINGS, FL 32714		Mailing Address 926 GREAT POND DR, STE 2003 ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business 176 S. SHADOW BAY BLVD. Suite, Apt. #, etc.		3. Mailing Address 176 S. SHADOW BAY BLVD Suite, Apt. #, etc.		01052005 Chg-LLC CR2E083 (10/03)	
City & State LONGWOOD, FL		City & State LONGWOOD, FL		4. FEI Number 20-1360458	
Zip 32750		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, STEPHEN M 725 N MAGNOLIA AVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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 <i>Jan T. Vinters</i>		DATE 1/5/05			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MGRM		
STREET ADDRESS		STREET ADDRESS	KATSUR MANAGEMENT GROUP, INC.		
CITY-ST-ZIP		CITY-ST-ZIP	926 GREAT POND DR., STE 2003 ALTAMONTE SPRINGS, FL 32714		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Jan T. Vinters</i>		DATE: 1/5/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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