


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050158
 1. Entity Name
KATSUR AT WESTERN KENTUCKY, LLC



Principal Place of Business Mailing Address
176 S. SHADOW BAY BLVD **176 S. SHADOW BAY BLVD**
LONGWOOD, FL 32750 **LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE



01182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-1360458 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
STONE, STEPHEN M
725 N MAGNOLIA AVE
ORLANDO, FL 32803

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by May 1, 2006

000000436275
 02/27/06-80030-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATSUR MANAGEMENT GROUP, INC. 926 GREAT POND DR., STE 2003 ALTAMONTE SPRINGS, FL 32714
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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: James T. Katsur James T. Katsur 2/13/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #