2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M94000000166

1. Entity Name
4-B PROPERTIES, L.L.C., L.C.

Principal Place of Business	Mailing Address
236 MAIN UNIONTOWN, KY 42461	P.O. BOX 128 UNIONTOWN, KY 42461

01122004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1271093
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, ARTHUR I
401 CENTER ST
HISTORIC POST OFFICE BLDG 2ND FL
FERNANDINA BEACH, FL 32035-1110

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BEAVEN, WILLIAM F
STREET ADDRESS	401 FOURTH STREET
CITY-ST-ZIP	UNIONTOWN, KY 42461
TITLE	MGRM
NAME	BROWN, GEORGE L
STREET ADDRESS	2801 SOUTH COURT DRIVE
CITY-ST-ZIP	EVANSVILLE, IN 47711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80179-008 50.00

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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: Martha Beaven Member 1/23/04 270-822-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #