2006 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP

ANNUAL REPORT FILED Apr 24, 2006 08:00 AM Secretary of State **DOCUMENT # M9400000166** 1. Entity Name 4-B PROPERTIES, L.L.C., L.C. Principal Place of Business Mailing Address P.O. BOX 128 UNIONTOWN, KY 42461 UNIONTOWN, KY 42461 01102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1271093 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JACOBS, ARTHUR I DO NOT WRITE **401 CENTER ST** HISTORIC POST OFFICE BLDG 2ND FL IN THIS SPACE FERNANDINA BEACH, FL 32035-1110 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) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 11101 ... **MGRM** TITLE NAME BEAVEN, WILLIAM F **401 FOURTH STREET** STREET ADDRESS U00000531959 CITY-ST-ZIP UNIONTOWN, KY 42461 05/06/06-80064-017 55.00 MGRM BROWN, GEORGE L NAME STREET ADDRESS 2801 SOUTH COURT DRIVE City-ST-ZIP EVANSVILLE, IN 47711 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

3/21/06 FBeaven SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE