

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # M94000000166 1. Entity Name 4-B PROPERTIES, L.L.C., L.C.	
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Principal Place of Business 236 MAIN UNIONTOWN, KY 42461	Mailing Address P.O. BOX 128 UNIONTOWN, KY 42461
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAVEN, WILLIAM F 401 FOURTH STREET UNIONTOWN, KY 42461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, GEORGE L 2801 SOUTH COURT DRIVE EVANSVILLE, IN 47711
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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: *Marsha Beaven - Member* **1-03-07** **270 822-4218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Marsha Beaven