

**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  
236 MAIN  
UNIONTOWN, KY 42461

Mailing Address  
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

**DO NOT WRITE  
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 \_\_\_\_\_

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  
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

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

U00000149230  
05/03/04-80179-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Maisha Beaton Menden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/23/04*

Date

*270-822-4218*

Daytime Phone #