

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2005 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**

DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC

CR2E083 (10/03)

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, 2005**

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	

1100000244423
02/26/05-80021-001 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 Beaven / Member*

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

1/7/05

Date

270 822-4218

Daytime Phone #