## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000050158

1. Entity Name

KATSUR AT WESTERN KENTUCKY, LLC



Mailing Address

Principal Place of Business 176 S. SHADOW BAY BLVD LONGWOOD, FL 32750

176 S. SHADOW BAY BLVD LONGWOOD, FL 32750

## FILED Feb 16, 2006 08:00 AM Secretary of State



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1360458 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

STONE, STEPHEN M 725 N MAGNOLIA AVE ORLANDO, FL 32803

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and the # applicable	(NOTE: Registered Agent alignature regulated when refinalisting)	DATE
	althaurs, types of printed retire or redistated agent and time a approache	(MOLE, Mathematical artificial admission and contrasting)	_ ' ' '
Pi D	iling Fee is \$50,00 ue by May 1, 2006		000000436275 n2/27/06-8003 <b>0-</b> 025 <b>50.00</b>
S.	MANAGING MEMBERS/MANAGERS		
title Name Street address City-St-Zip	MGRM KATSUR MANAGEMENT GROUP, INC. 926 GREAT POND DR., STE 2003 ALTAMONTE SPRINGS, FL 32714		en e
Title Name Street address City-St-Zip			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME		IN.	THIS SPACE

11. I hereby certify that the information supplied with this filling 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 it made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

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

Kathery

James T. Kerlson

2/13/206

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