2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

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Entity Name: ARBOR E&T, LLC

Current Principal Place of Business:

9901 LINN STATION RD
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

10140 LINN STATION ROAD
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 46-0508470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRONEFELD JR, RALPH G
Address: 9901 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR ( ) Delete
Name: DORAN, VINCENT F
Address: 9901 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR (X) Delete
Name: DUNN, PAUL G
Address: 9901 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: DUNN, PAUL G
Address: 9901 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH G. GRONEFELD, JR. MGR 02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date