

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004674

Entity Name: ARBOR E&T, LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9901 LINN STATION RD  
LOUISVILLE, KY 40223

**New Principal Place of Business:**

9901 LINN STATION RD  
LOUISVILLE, KY 40223 US

**Current Mailing Address:**

10140 LINN STATION ROAD  
LOUISVILLE, KY 40223

**New Mailing Address:**

9901 LINN STATION ROAD  
LOUISVILLE, KY 40223 US

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  
Name: GRONEFELD JR., RALPH G  
Address: 9901 LINN STATION RD LOUISVILLE KY 40223  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: MGR  
Name: KELLEY, PATRICK  
Address: 9901 LINN STATION RD LOUISVILLE KY 40223  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: MGR  
Name: W. MILES, DAVID  
Address: 9901 LINN STATION ROAD  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: S  
Name: WASKEY, DAVID S  
Address: 9901 LINN STATION ROAD  
City-St-Zip: LOUISVILLE, KY 40223 US

I hereby 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: PATRICK KELLEY

MGR

01/07/2010

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