**2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR)

B9900000248 **DOCUMENT #** 

STAPLE CHECK HERE

1. Entity Name
LLM PROPERTIES, LIMITED PARTNERSHIP



SECRETARY OF STATE

Principal Place of Business 1141 DUNBARTON LANE LEXINGTON KY 40502			Mailing Address 1144 DUNBARTON LANE - O CHARLES - LEYINGTON KY 40500 P.O. BOX 340 CAN THINNS, ICY. 41031			s share	MALLANASSEE		
2. Principal Place of Business 3. Mailing Add				dress AALES J. BAUNKSK		da 1111	1888 1888   1884   1884   1884   1884     G		
Suite, Apt. #, etc.			Suite, Apt. #, etc.  7.0. 30X 340		7	DUE BY MAY 1, 2003			
City & State			City & State			4. FEI Number 61-1346815 Applied For Not Applicable			
Zip		Country	Zip Country 4/03/		ntry	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY					Name Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET TALLAHASSEE FL 32301					Chock Address (F.S. Ed. Admedia Admedi				
INDENTINOUEL 1 E DEUVI									
					City	· ·		FL Zip Code	
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									
9. Capital Contributions as Shown on record.						70		ABLE TO FL. DEPT, OF STATE	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY									
DOCUMENT #	,				EET ADDRESS		718871888 8771788		
NAME Street address	LANE, RIC	HARD H BARTON LANE				<del></del>	<del></del>		
CITY-ST-ZIP		N KY 40502	_ <del></del>	CITY	Y-ST-ZIP			·	
DOCUMENT # NAME	LINDSAY, JUDITH L RESS ROUTE 3 BOX 233E FOXFIELD LANE				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP 400017335134 04/29/0301098009 **141.25				
DOCUMENT # NAME	   MAV EL17	ARCTH		STR	EET ADDRESS	<del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
STREET ADDRESS CITY-ST-ZIP	MAY, ELIZABETH   603 COUNTRY CLUB ESTATES   GLASGOW KY 42141			CITY	r-ST-ZIP				
DOCUMENT # NAME		· · · · · · · · · · · · · · · · · · ·		STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			•	CITY	'-ST-ZIP		<del></del> ,		
DOCUMENT #		<del></del>	<del> </del>	STR	EET ADDRESS				
STREET ADDRESS - CITY-ST-ZIP	į			СІТҮ	'-ST-ZIP		<del></del>		
DOCUMENT # NAME				STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	_			CIŢY	'-ST-ZIP		<del></del>		
14 I hereby c	ertify that the	information eupplied with	this filing does not qualify	y for the eve	motion stated in S	oction 110 07/3/	\ Elorida Statutos I furth	er 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Vickaid FHR HAVEDUIR TOCHARD

Date

Daytime Phone #