2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# L02000002885

Entity Name: ELLIOTT WALDEN STABLES, LLC

Current Principal Place of Business:

4600 STONE RIVER DR.
LA GRANGE, KY 40031

New Principal Place of Business:

Current Mailing Address:

3001 PISGAH PIKE
VERSAILLES, KY 40383

New Mailing Address:

FEI Number: 01-0645660 **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:	WALDEN, WILLIAM E PRES	
Address:	3001 PISGAH PIKE	
City-St-Zip:	LEXINGTON, KY 40383	
Title:	MGR	( ) Delete
Name:	CAUTHEN, DOUG E V.P.	
Address:	3001 PISGAH PIKE	
City-St-Zip:	VERSAILLES, KY 40383	
Title:	MGR	( ) Delete
Name:	MULLIKIN, JACK B TREAS	
Address:	3001 PISGAH PIKE	
City-St-Zip:	VERSAILLES, KY 40383	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JACK B. MULLIKIN MGR 01/25/2009

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