

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90001 045 \*\*\*\*50.00

<b>DOCUMENT # L03000005801</b>																																																					
<b>1. Entity Name</b> KENTUCKY HOLDINGS, LLC																																																					
<b>Principal Place of Business</b> C/O KARP & GENAUER, PA 2 ALHAMBRA PLAZA, STE. 1202 CORAL GABLES, FL 33134			<b>Mailing Address</b> C/O KARP & GENAUER, PA 2 ALHAMBRA PLAZA, STE. 1202 CORAL GABLES, FL 33134																																																		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State		City & State																																																			
Zip	Country	Zip	Country	01052004 Chg-LLC CR2E083 (10/03)																																																	
<b>4. Name and Address of Current Registered Agent</b> ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA, STE. 1202 CORAL GABLES, FL 33134				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>																																																	
Name				Name																																																	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)																																																	
City				City																																																	
FL				Zip Code																																																	
<b>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.</b>																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning)																																																					
DATE _____																																																					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;"> <b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP                         </td> <td style="width: 60%; padding: 5px;"> <b>MANAGER</b>                              GREGORY ORR                              6710 NW 101 TERRACE                              PARKLAND, FL 33076                         </td> <td style="width: 25%; padding: 5px;"> <input type="checkbox"/> Delete                         </td> <td style="width: 15%; padding: 5px;"> <b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP                         </td> <td style="width: 60%; padding: 5px;"></td> <td style="width: 25%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> GREGORY ORR 6710 NW 101 TERRACE PARKLAND, FL 33076	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 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 606, Florida Statutes.</b>																																																					
<b>SIGNATURE:</b> _____ <span style="float: right;">1/24/04 9534482825</span>																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																					



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

February 2, 2004

KENTUCKY HOLDINGS, LLC  
C/O KARP & GENAUER, PA  
2 ALHAMBRA PLAZA, STE. 1202  
CORAL GABLES, FL 33134

Subject: **KENTUCKY HOLDINGS, LLC**

Reference Number: **L03000005801**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**DONE**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION