

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90034 020 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                   |                                                                                                                                                                                         |                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000062153</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                   |                                                                                                                                                                                         |         |  |
| 1. Entity Name<br><b>8TH AVENUE DEVELOPMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                   |                                                                                                                                                                                         |                                                                                          |  |
| Principal Place of Business<br><b>1141 HIGH STREET<br/>BRANDENBURG, KY 40108</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                   | Mailing Address<br><b>P.O. BOX 538<br/>BRANDENBURG, KY 40108</b>                                                                                                                        |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                   | 3. Mailing Address                                                                                                                                                                      |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                   | Suite, Apt. #, etc.                                                                                                                                                                     |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                   | City & State                                                                                                                                                                            |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                              | Zip                                               | Country                                                                                                                                                                                 | 4. FEI Number                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                   |                                                                                                                                                                                         | Applied For<br><input checked="" type="checkbox"/> Not Applicable                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                   |                                                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><b>D &amp; B CORPORATE SERVICES, INC.<br/>5999 CENTRAL AVENUE<br/>SUITE 202<br/>ST. PETERSBURG, FL 33710</b>                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                   | 7. Name and Address of New Registered Agent                                                                                                                                             |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                   | Name                                                                                                                                                                                    |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                   | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                      |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                   |                                                                                                                                                                                         |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                   |                                                                                                                                                                                         | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                   | 10. ADDITIONS/CHANGES                                                                                                                                                                   |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MGRM<br>MCGEEHEE, CHRIS<br>1141 HIGH STREET<br>BRANDENBURG, KY 40108 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                       |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <p><i>We filed this and paid the fee, but we failed to put anything for the FEI#.</i></p> <p><i>We use Chris McGehee's SSN so I just checked the N/A box.</i></p> <p><i>Thanks.</i></p> |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                                                                                                         |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                                                                                                         |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                                                                                                         |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                                                                                                         |                                                                                          |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                                      |                                                   |                                                                                                                                                                                         |                                                                                          |  |
| SIGNATURE: <i>Chris McGehee</i> <i>5/1/06</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                   |                                                                                                                                                                                         |                                                                                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                   |                                                                                                                                                                                         |                                                                                          |  |