

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-09-2006 90009 027 ****50.00

30010373



02262006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, DANIEL W ESQ.
C/O ARD, SHIRLEY & HARTMAN, P.A.
207 W. PARK AVE., SUITE B
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, GREGORY E 13029 MIDDLETOWN INDUSTRIAL BLVD., STE. 100 LOUISVILLE, KY 40223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKNEY, CHARLES L 13029 MIDDLETOWN INDUSTRIAL BLVD., STE. 100 LOUISVILLE, KY 40223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKNEY, WILLIAM E 13029 MIDDLETOWN INDUSTRIAL BLVD., STE. 100 LOUISVILLE, KY 40223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, ALEX 13029 MIDDLETOWN INDUSTRIAL BLVD., STE. 100 LOUISVILLE, KY 40223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKNEY, THOMAS R 13029 MIDDLETOWN INDUSTRIAL BLVD., STE. 100 LOUISVILLE, KY 40223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKNEY, ROBERT J 13029 MIDDLETOWN INDUSTRIAL BLVD., STE. 100 LOUISVILLE, KY 40223	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/06 502-254-2245