2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: ____

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

May 01, 2008 08:00 AN Secretary of State **DOCUMENT # L06000027487** OLD KENTUCKY APT. ASSOCIATES, LLC Principal Place of Business Mailing Address 10225 ULMERTON ROAD, SUITE 3D 10225 ULMERTON ROAD, SUITE 3D LARGO, FL 33771 LARGO, FL 33771 CR2E083 (12/07) 04282008 No Chg-LLC Applied For 4. FEI Number 20-4447355 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUBE, DAVID W 10225 ULMERTON ROAD SUITE 3D LARGO, FL 33771 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. med W. Dube APPLICAN SEOS SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000936947 05/27/08~80030-012_138_75 · 9. MANAGING MEMBERS/MANAGERS MGR TITLE PEELE, WAYNE B MALKE STREET ADDRESS 10225 ULMERTON ROAD, SUITE 3D CITY-ST-ZIP LARGO, FL 33771 TITLE s DUBE, DAVID W NAME STREET ADDRESS 10225 ULMERTON ROAD, SUITE 3D CITY-ST-ZIP LARGO, FL 33771 TITLE NAME STREET ADDRESS CITY-ST-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 608, Florida Statutes.

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