2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# L08000062491

Entity Name: ACTIVE INVESTORS, LLC

Current Principal Place of Business:

215 FIFTH STREET
SUITE 100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

215 FIFTH STREET
SUITE 100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 80-0215207 **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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: DIERUF, THOMAS A PRESIDE
Address: 10000 SHELBYVILLE ROAD, STE 100
City-St-Zip: LOUISVILLE, KY 40223 US

Title: V-P ( ) Change (X) Addition
Name: BUCHANAN, DONALD D V-P
Address: 10000 SHELBYVILLE ROAD, STE 100
City-St-Zip: LOUISVILLE, KY 40223 US

Title: SECR ( ) Change (X) Addition
Name: LOWE, CHARLOTTE E SECRE
Address: 10000 SHELBYVILLE ROAD, STE 100
City-St-Zip: LOUISVILLE, KY 40223 US

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: KAREN S. KRAMER MBR 02/19/2009

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