2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jul 16, 2004 08:00 AM **Secretary of State** DOCUMENT # L99000007021 COMET ENTERPRISES, LLC Principal Place of Business Mailing Address 160 PROSPEROUS PLACE, STE. 100 160 PROSPEROUS PLACE, STE. 100 LEXINGTON, KY 40509 LEXINGTON, KY 40509 07082004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2509236 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VETTRAINO, LOUIS H DO NOT WRITE 7912 BREAKWATER COURT BOKEELIA, FL 33922 IN THIS SPACE 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 regis red\agent Louis H. Vettraino 7/8/04 (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME VETTRAINO, LOUIS H UNUOLOGIESTES STREET ADDRESS 7912 BREAKWATER COURT CITY-ST-ZIP BOKEELIA, FL 33922 0?/16/04**-8**0009-003 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 3376 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NAME STREET ADDRESS CITY-ST-ZIP

ouis H. Vettraino

7/8/04

859-263-0055

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

Davima Phone #