

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000657

1. Entity Name
W.T. YOUNG, LLC



Principal Place of Business
2225 YOUNG DRIVE
LEXINGTON, KY 40589

Mailing Address
2225 YOUNG DRIVE
LEXINGTON, KY 40589



04202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0545498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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 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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YOUNG, W.T. JR.
STREET ADDRESS	2225 YOUNG DRIVE
CITY-STATE-ZIP	LEXINGTON, KY 40589
TITLE	MGRM
NAME	THE WILLIAM T. YOUNG FOUNDATION, INC.
STREET ADDRESS	2225 YOUNG DRIVE
CITY-STATE-ZIP	LEXINGTON, KY 40589
TITLE	MGRM
NAME	YOUNG, WILLIAM T TRUSTEE
STREET ADDRESS	2225 YOUNG DRIVE
CITY-STATE-ZIP	LEXINGTON, KY 40589
TITLE	MGRM
NAME	BANK ONE, KENTUCKY, NA, TRUSTEE 5/9/79
STREET ADDRESS	BANK ONE PLAZA
CITY-STATE-ZIP	LEXINGTON, KY 40507
TITLE	MGRM
NAME	BANK ONE, KENTUCKY, NA, TRUSTEE 12/28/76
STREET ADDRESS	BANK ONE PLAZA
CITY-STATE-ZIP	LEXINGTON, KY 40507
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/03/04-86127-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

WILLIAM T. YOUNG JR

859-266-1136 4/27/04

Date

Daytime Phone #