


**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 <b>2225 YOUNG DRIVE          LEXINGTON, KY 40589</b>	Mailing Address <b>2225 YOUNG DRIVE          LEXINGTON, KY 40589</b>
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**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>61-0545498</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

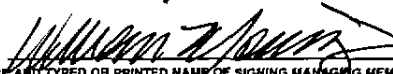
**Filing Fee is \$50.00  
 Due by May 1, 2004**

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

**DO NOT WRITE IN THIS SPACE**

1000000147854  
 05/03/04-60127-014 50.00

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:**  **WILLIAM T. YOUNG JR**      **859-266-1136**      **4/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #