


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90104 004 ****50.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04282005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 61-0545498	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, W.T. JR.		NAME		
STREET ADDRESS	2225 YOUNG DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40589		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE WILLIAM T. YOUNG FOUNDATION, INC.		NAME		
STREET ADDRESS	2225 YOUNG DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40589		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM T TRUSTEE		NAME		
STREET ADDRESS	2225 YOUNG DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40589		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANK ONE, KENTUCKY, NA, TRUSTEE 5/9/79		NAME		
STREET ADDRESS	BANK ONE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40507		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANK ONE, KENTUCKY, NA, TRUSTEE 12/28/76		NAME		
STREET ADDRESS	BANK ONE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40507		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERT L. WARREN	
STREET ADDRESS			STREET ADDRESS	2225 YOUNG DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	LEXINGTON, KY 40589	
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: <i>Robert L Warren</i>			Date: <i>4/28/05</i>		Daytime Phone #: <i>859 2661136</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					