


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000657
 1. Entity Name
 W.T. YOUNG, LLC



Principal Place of Business Mailing Address
 2225 YOUNG DRIVE 2225 YOUNG DRIVE
 LEXINGTON, KY 40589 LEXINGTON, KY 40589

DO NOT WRITE IN THIS SPACE



02132006No Chg-LLC CR2E083 (11/05)

4. FEI Number 61-0545498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG, W.T. JR. 2225 YOUNG DRIVE LEXINGTON, KY 40589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARREN, ROBERT L 225 YOUNG DRIVE LEXINGTON, KY 40589
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 03/07/06-80044-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Young President 2/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #