


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000000657 1. Entity Name W.T. YOUNG, LLC	
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Principal Place of Business 2225 YOUNG DRIVE LEXINGTON, KY 40589	Mailing Address 2225 YOUNG DRIVE LEXINGTON, KY 40589
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-0545498	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ 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, 2007**

000000643416
03/07/07-80008-016 50.00

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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**DO NOT WRITE
IN THIS SPACE**

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: 

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

2/19/07

Date

Daytime Phone #