


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000001415
1. Entity Name
GAINSBOROUGH FARM LLC



Principal Place of Business 300 W VINE STREET STE 1100 LEXINGTON, KY 40507	Mailing Address 300 W VINE STREET STE 1100 LEXINGTON, KY 40507
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 61-1053469	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, PHILLIP D 333 W VINE STREET, SUITE 1400 LEXINGTON, KY 40507
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02/10/06-80041-002 55.00

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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: *Phillip D. Scott* **PHILLIP D. SCOTT SEC/TRE** **1/27/06** **(859)288-4647**

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