


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2007 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	



07262007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1053469	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U00000771700
08/08/07-80004-002 55.00

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

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: *Phillip D Scott* Date: 7/27/07 Daytime Phone #: 859-288-4625

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