


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000003079 1. Entity Name MICAH GROUP, LLC	
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Principal Place of Business 274 SOUTHLAND DRIVE, SUITE 201 LEXINGTON, KY 40503	Mailing Address 274 SOUTHLAND DRIVE, SUITE 201 LEXINGTON, KY 40503
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01122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2166182	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 REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAMISON, AARON 274 SOUTHLAND DRIVE, SUITE 201 LEXINGTON, KY 40503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARLAND, ROBERT 274 SOUTHLAND DRIVE, SUITE 201 LEXINGTON, KY 40503
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000228641 02/14/05-80046-018 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: RL 2/18/05 859-260-7760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #