2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# M03000001455

Entity Name: RAWLINGS FINANCIAL SERVICES, LLC

Current Principal Place of Business:

ONE EDEN PARKWAY
LAFRANGE, KY 400318100

New Principal Place of Business:

ONE EDEN PARKWAY
LAGRANGE, KY 400318100

Current Mailing Address:

ONE EDEN PARKWAY
LAFRANGE, KY 400318100

New Mailing Address:

ONE EDEN PARKWAY
LAGRANGE, KY 400318100

FEI Number: 68-0533861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAWLINGS, GEORGE R
Address: 325 W. MAIN STREET, SUITE 1750
City-St-Zip: LOUISVILLE, KY 40202

Title: MGRM ( ) Delete
Name: RAWLINGS, BEVERLY S
Address: 325 W. MAIN STREET, SUITE 1750
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RAWLINGS, GEORGE R
Address: ONE EDEN PARKWAY
City-St-Zip: LA GRANGE, KY 40031

Title: MGRM (X) Change ( ) Addition
Name: RAWLINGS, BEVERLY S
Address: ONE EDEN PARKWAY
City-St-Zip: LA GRANGE, KY 40031

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE R. RAWLINGS MGRM 02/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date