## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 22, 2005 08:00 AM Secretary of State

559 543 -1143 Dayline Phone #

Date

ANNUAL REPORT				Feb 22, 2005 08:00		
DOCU	MENT # M0400000	3410		Se	cretary of Stat	
1. Entity Nan						
0200.1	(0) [[()][[0]]			ł l		
Principal Plac	ce of Business	Mailing Address	4.1	. = - +		
229 BARRO	W ROAD	229 BARROW ROAD		<u> </u>		
LEXINGTON,	KY 40502	– Lexington, Ky 40502				
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		••		5. Certificate of Status Desired	55.00 Additional	
	6. Name and Address of Curren	t Registered Agent			Fee Required	
COSTELL	O, TRUMAN J			20 NOT 11		
12670 NEW BRITTANY BLVD., SUITE 101				DO NOT WRITE		
FORT MYERS, FL 33907			}	IN THIS SPACE		
					The state of the s	
8. The above	named entity submits this statement factors of registered agent.	or the purpose of changing its regist	tered office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept	
			-			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE, Regist	tered Agent algnature required	when reinstating)	DATE	
Fi	iling Fee is \$50.00	d <b>i</b>				
	ue by May 1, 2005		<u> </u>	<u> </u>	a ·	
9. TILE	MANAGING MEMB	ERS/MANAGERS		<del></del>		
NAME	GESS, WILLIAM B III					
STREET ADDRESS CITY-ST-ZIP	229 BARROW ROAD LEXINGTON, KY 40502		4	<u>10000</u> 03	<sup>1</sup> 38545	
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11. I hereby o	certify that the information supplied with	n this filling does not qualify for the e	xemption stated in Sec	ction 119.07(3)(i), Florida Statutes, Liu	urther certify that the information	
ILIOICATEO	on this report is true and accurate and billity company or the receiver or truste	o that my signature shall have the sai	me legal effect as if m	ade under oath: that I am a manacin	g member or manager of the	

ANACING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING