2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007
Secretary of State

DOCUMENT# M06000005265

Entity Name: REDLEAF PROPERTIES, LLC

Current Principal Place of Business:

820 PORTER PLACE #3
LEXINGTON, KY 40508

New Principal Place of Business:

Current Mailing Address:

820 PORTER PLACE #3
LEXINGTON, KY 40508

New Mailing Address:

FEI Number: 61-1306671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEARCE, DON
316 CONNER AVENUE
NAPLES, FL 34108 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: HEAD, STEVEN
Address: 2336 THE WOODS LANE
City-St-Zip: LEXINGTON, KY 40502

Title: MGRM ( ) Delete
Name: HERREN, MARK
Address: 4129 PALMETTO DRIVE
City-St-Zip: LEXINGTON, KY 40513

Title: MGRM ( ) Delete
Name: LITTLE, WILLIAM
Address: 2101 SHELTON ROAD
City-St-Zip: LEXINGTON, KY 40515

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEVEN HEAD MGRM 07/30/2007

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