


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M94000000098 GROWTH PROPERTIES OF KENTUCKY, L.C. 304 WHITTINGTON PARKWAY, SUITE 107 LOUISVILLE KY 40222		1a. Principal Place of Business Address 304 WHITTINGTON PARKWAY, SUITE 107 LOUISVILLE KY 40222	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 09/16/1994		3a. State of Formation KY	
4. FEI Number 61-1266326		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/08/1996		6. Certificate of Status Desired <input type="checkbox"/> \$8.25 Additional Fee Required	
7. Name and Address of Current Registered Agent HERMAN, PAMELA S ESQ. 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA FL 33601		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HENDERMAN, DAVID W	304 WHITTINGTON PARKWAY	LOUISVILLE KY
700002072007--7 -01/29/97--01028--016 ****203.75 ****203.75 <i>158 1/28/97</i>			
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>David W. Henderman</i>		David W. Henderman	(502)425-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #