File on or before May 1, 1998 or Limited Liability Company will be **Bulcioct to a \$ 4**00.00 LATE FEE SECRETARY OF STATE DIVISION OF CORPORATIONS **DIVISION OF CORPORATIONS** 98 APR 20 PM 3: 09 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT** # M9400000098 GROWTH PROPERTIES LLC doing business in Florida as 1a. Principal Place of Business Address GROWTH PROPERTIES OF KENTUCKY, L.C. 304 WHITTINGTON PARKWAY, SUITE 107 304 WHITTINGTON PARKWAY, SUI LOUISVILLE KY 40222 LOUISVILLE KY 40222 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/16/1994 KY Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 61-1266326 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žin Country \$8.75 Additional Fee Required 01/27/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HERMAN, PAMELA S ESQ. Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD **SUITE** 3700 1201 Hays Street Suite, Apt. #, etc. TAMPA FL 33601 City Zip Code Tallahassee 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 ejent, and accept the obligations Karen B. Rozar, As Its Agent SIGNATURE (NOTE Registered Agent signature required when re-instating) 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR HENDERMAN, DAVID W 304 WHITTINGTON PARKWAY LOUISVILLE KY 100002498861---9 +04/24/38--01009--003 ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (1), 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