

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000098

1. Entity Name

GROWTH PROPERTIES OF KENTUCKY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 9:35

Principal Place of Business
304 WHITTINGTON PARKWAY, SUITE 107
LOUISVILLE KY 40222

Mailing Address
304 WHITTINGTON PARKWAY, SUITE 107
LOUISVILLE KY 40222-4913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		61-1266326		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

rf 3/20/00

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDERMAN, DAVID W 304 WHITTINGTON PARKWAY LOUISVILLE KY 40222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7000003177927--8 -03/21/00--01084--023 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I 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 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.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-29-00 (502) 425-4800
Date Daytime Phone #

CR2E083 (9/99)