2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000972

1. Entity Name
MERRITT COMPANY OF KENTUCKY, LLC

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

DO NOT WRITE IN THIS SPACE

02232006No Chg-LLC CR2E083 (11/05)

4. FEI Number
61-1323257

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000001144 7463
05708705-80053-008 50.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HENDERMAN, DAVID W
STREET ADDRESS	304 WHITTINGTON PARKWAY, SUITE 107
CITY-ST-ZIP	LOUISVILLE, KY 40222
TITLE	MGR
NAME	DUDDY, THOMAS M
STREET ADDRESS	6009 BROWNSBORO PARK BLVD STE B
CITY-ST-ZIP	LOUISVILLE, KY 40207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X D Henderman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #