	D LIABILITY COMPANY	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS Corporation Supplemental Fee			SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 22 PM 2: 09					
FILING	1999 FEE Annual Report \$10									
\$ 188	.75 Make Check Pays	ble To: FLOF	IDA DEPAR	TMEN	T OF STATE	<u> </u>				
	ted Liability Company	CUMENT	H WAR	,0001	U1254	4a Descinal Die				
Ì				1a. Principal Place of Business Address 2317 GLADSTONE AVE						
	2317 GLADSTONE A LOUISVILLE KY 4	-				LOUISVI			5	
2 Princip	al Place of Business	ng Address			Date Organized or Qualified 3a. State of Formation					
Suite Ant # old			S da And II a			10/28/1998		KY		
Suite, Apt. #, etc.			Suite, Apt #, etc			4. FE1 Number		1	Applied For	
City & Sta	te	City & S	City & State			61-1329	489		Not Applicable	
Ζιρ	Country	Zip		Count	ry	5. Date of Last F	Report		ate of Status Desired	
	7. Name and Address of C	urrent Registered	Agent	·	8. I	Name and Addres	s of New Reg	istered Agen	t/Office	
SHAW, 924 (LYNN	Street Address (F		P.O. Box Number is Not Acceptable)							
		City			FL Zip Code					
its register	ant to the provisions of Sections 60 red office or registered agent, or both red agent, and accept the obligatio	n, i <mark>n the State of</mark> Fk								
SIGNATU	IRE	Editor Agricultura (HATE D. LANGE A				DATE			
10. Title Managing Members/Managers			OIE Trag stated Agents greature trapered where terror anguals and street Address			City, State and Zip Code				
MGRM	IGRM MCKIM, HANK			2317 GLADSTONE AVE			LOUISVILLE KY			
·						20	1(*1(-1)-1 -04/ ***	2853 27/99 *188.75	3562 01069003 ****188.75	
indicated of limited liab	reby certify that the information support this annual report is true and accility company or the receiver or trus t with an address.	urate and that my	signature shall h	ave the s	same legal eflect as	if made under path	; that I am a n	anaging mem	ber or manager of the	