


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000627
 1. Entity Name
GERSON PROPERTIES, LLC



Principal Place of Business 559 GINGERMILL LANE LEXINGTON, KY 40509	Mailing Address 559 GINGERMILL LANE LEXINGTON, KY 40509
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DO NOT WRITE IN THIS SPACE



01112004No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1317294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KALLMAN, HERBERT
 12670 KELLY PALM DRIVE
 FT. MEYERS, FL 33908

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

Filing Fee is \$50.00 Due by May 1, 2004

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 05/14/04-80002-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSON, KENNETH L 559 GINGERMILL LANE LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSON, ALBERTA H 559 GINGERMILL LANE LEXINGTON, KY 40509
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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: Kenneth L Gerson 1/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #