


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M99000000627</b> 1. Entity Name <b>GERSON PROPERTIES, LLC</b>	
---	---

Principal Place of Business <b>559 GINGERMILL LANE LEXINGTON, KY 40509</b>	Mailing Address <b>559 GINGERMILL LANE LEXINGTON, KY 40509</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-LLC CR2E083 (10/03)

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

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

**DO NOT WRITE  
IN THIS SPACE**

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**

000000160414  
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
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	

**DO NOT WRITE  
IN THIS SPACE**

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 #