


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000000627**  
 1. Entity Name  
**GERSON PROPERTIES, LLC**



Principal Place of Business      Mailing Address  
**559 GINGERMILL LANE**      **559 GINGERMILL LANE**  
**LEXINGTON, KY 40509**      **LEXINGTON, KY 40509**



01222006 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**81-1317294**      Not Applicable

5. Certificate of Status Desired       **\$5.00 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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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**DO NOT WRITE IN THIS SPACE**

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 609, Florida Statutes.

**SIGNATURE:** *Kenneth L Gerson*      **Kenneth L Gerson**      1/26/06      859-277-9112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Telephone #