

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000627

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** GERSON PROPERTIES, LLC

**Current Principal Place of Business:**

559 GINGERMILL LANE  
LEXINGTON, KY 40509

**New Principal Place of Business:**

**Current Mailing Address:**

559 GINGERMILL LANE  
LEXINGTON, KY 40509

**New Mailing Address:**

**FEI Number:** 61-1317294      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KALLMAN, HERBERT  
12670 KELLY PALM DRIVE  
FT. MEYERS, FL 33908      US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GERSON, KENNETH L  
Address: 559 GINGERMILL LANE  
City-St-Zip: LEXINGTON, KY 40509

Title: MGRM      ( ) Delete  
Name: GERSON, ALBERTA H  
Address: 559 GINGERMILL LANE  
City-St-Zip: LEXINGTON, KY 40509

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date