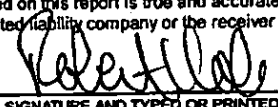


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90001 043 ****50.00

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # M99000000791 | | | | | |
| 1. Entity Name PALM LAKES, LLC | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 301 E. MAIN STREET Suite, Apt. #, etc. #510 1020 City & State LEXINGTON, KY Zip 40507 Country USA | | | 3. Mailing Address 301 E. MAIN STREET Suite, Apt. #, etc. #510 1020 City & State LEXINGTON, KY Zip 40507 Country USA | | |
| | | | DO NOT WRITE IN THIS SPACE | | |
| | | | 4. FEI Number 61-1341088 | | Applied For <input type="checkbox"/> Not Applicable |
| | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name CT CORPORATION | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD | | | | | |
| City PLANTATION FL Zip Code 33324 | | | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable. | | | | | DATE |
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGER 2285 Executive Dr TOM JAMESON 4th FL 832 K&L NARDINO BLVD LEXINGTON, KY 40511 40505 | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGER 301 E main st BOB COLE #1020 300 WEST VINE ST., 5TH FLOOR LEXINGTON, KY 40507 | | | | |
| 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 | | | | | |
| 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:  | | | | | Date 4/14/03 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | Daytime Phone # 859-255-8855 |

CR2E083B (12/02)