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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # M9900001230 02-19-2002 90063 003 ****55.00 WHITEHOUSE-FRANKLIN, LLC Principal Place of Business Mailing Address 4600 JENNINGS LANE 4600 JENNINGS LANE 926148 LOUISVILLE KY 40218 LOUISVILLE KY 40218 527 132 " 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-1328506 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE **XX**Change Addition CARPENTER, ALFRED K NAME NAME P.O. Box 22198 STREET ADDRESS 7403 KEISLER WAY STREET ADDRESS Orlando, FL CITY-ST-ZIP CITY-ST-ZIP **LOUISVILLE KY 40222** 32830 TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME Franklin. Randolph F NAME **278 SOMERLANE PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVONDALE ESTATE GA 30002** CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME CARPENTER, JOHN S NAME STREET ADDRESS 7313 ARROWWOOD ROAD STREET ADDRESS CITY-ST-ZIP **LOUISVILLE KY 40222** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplies 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE