## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000122066

1. Entity Name

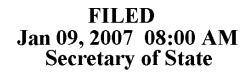
PATTERSON MANAGEMENT, INC.



Principal Place of Business

560 S. OCEAN BLVD. PALM BEACH, FL 33480 Mailing Address

10000 SHELBYVILLE RD., STE. 100 LOUISVILLE, KY 40223





## DO NOT WRITE IN THIS SPACE

01042007	01042007 No Chg-P			CR2E034 (11/05)			
4. FEI Number	•			Applied For			
30-0016	798			Not Applicable			
5. Certificate o	f Status Desired		\$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

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<ol><li>The above named entity submits this statement for the the obligations of registered agent.</li></ol>	purpose of changing its regi	istered office or I	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and till	le if applicable (NOTE: Reg	pstered Agent aignatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign F     Trust Fund Contribut		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRE	OFFICERS AND DIRECTORS			
TITLE D				

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A 10000 SHELBYVILLE RD., STE. 100 LOUISVILLE, KY 40223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A II 10000 SHELBYVILLE RD., STE. 100 LOUISVILLE, KY 40223	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP DIERUF, THOMAS A 10000 SHELBYVILLE RD STE 100 LOUISVILLE, KY 40223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELAM, CHARLOTTE 10000 SHELBYVILLE RD STE100 LOUISVILLE, KY 40223	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or twestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #