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COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE
ANNUAL REPORT
DUE JUNE 30, 2007



0643030

ORGANIZATION ID #
0643030

STATE OR COUNTRY OF INCORPORATION
KY

ORGANIZATION DATE
07/17/2006

FILING FEE
\$15.00

(1) EXACT LIMITED LIABILITY COMPANY NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

Changes made to the principal office address cannot be made on this form. Check (3)A to request a form to be mailed or download the form from our web site

MCDONALD WEST BUILDERS, LLC
3629 BARROW WOOD LANE
LEXINGTON, KY 40502

RECEIVED
MAR 28 2007
SECRETARY OF STATE
COMMONWEALTH OF KY

RECEIVED
APR 10 2007
SECRETARY OF STATE
COMMONWEALTH OF KY

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (3)B to request a form to be mailed or download form from web site.

JOHN M. MCDONALD, IV
3629 BARROW WOOD LANE
LEXINGTON, KY 40502

- (3) A. Statement of Change of Principal Office Address Form
B. Statement of Change of Registered Agent or Registered Office Form
MAIL FORM TO

[Empty box for Statement of Change of Registered Agent or Registered Office Form]

(4) MANAGEMENT. Verify the Management type. Foreign LLCs should indicate below whether they are managed by members or managers.

The LLC is managed by its members

(5) MANAGER(S) OR MEMBER(S) If (5) is blank, type or print the names and business addresses of the current managers. If manager-managed, or members, if member-managed. The annual report will be returned if business addresses are not listed. If the company has previously filed an annual report, verify the names of the managers or members listed below. Please note any additions to or changes in the names of managers or members and give the business address for each person listed.

John M. McDonald IV	3629 Barrow Wood Lane Lexington, KY 40502
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

Signature of Manager or Member

John M. McDonald IV
Type or Print Name

3/20/07
Date

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS
Trey Grayson
Secretary of State
P O Box 1150
Frankfort, KY 40602-1150

OFFICE LOCATION
Secretary of State
State Capitol, Room 154
700 Capital Avenue
Frankfort, KY 40601
(502)-564-2848

NOTE: P O Box 1150 is for
annual report filings only.