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



organization ID # 0647866

STATE OR COUNTRY OF INCORPORATION

ΚY	

ORGANIZATION DATE

09/27/2006

FILING

\$15.00

	EXACT LIMITED LIABILITY	COMPANY MARKE AND	ALIDDENIT DOMAINAL	ACCIOC ADDDCCC
(1)	EXACT DMILED LIABILITY	CUMPANY NAME AND C	JURKEN! PRINCIPAL	UFFILE AUURESS

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

SYCAMORE PARK @ GOLDEN LEAF, LLC 120 BIG HILL AVENUE SUITE D RICHMOND, KY 40475

CHCHINZED

(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.

MICHAEL R. EAVES 218 WEST MAIN STREET P.O. BOX 300 RICHMOND, KY 40476-0300

B. U Statement of Change of Principal Office Address Form B. U Statement of Change of Registered Agent or Registered Office Form MAIL FORM TO				

(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.

Allen D. Grant TR. Betwo Ray	204 Cavalier Ct. Richmond Ky 40475
BEENT Ray	204 Cavalier Ct. Richmond Ky 40475 8 BOX 805 Richmond Ky 40476-0805
7	Addiese
	Address
	Address Change of Address

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

Signature of Manager or Member

BLEW Pay Type or Print Name

0-1-07 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.