



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 134248		2. Exact name of the limited liability company Relocation Properties Management LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE HOMESALE ASSISTANCE TO RELOCATING EMPLOYEES			
5. Principal office address 500 Diederich Blvd.			City Russell	State KY	Zip 41169
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gary M. Hinton			Contact Title Manager, State Income Tax		
Street Address 3499 Blazer Pkwy			City Lexington	State KY	Zip 40509
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



134248

File Date	<u>9/19/05</u>
Check No.	<u>106/3324</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/12/2005
Signature of Authorized Person Date
Gary M. Hinton
Print or Type Name of Authorized Person



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1. ID No. 134248		2. Exact name of the limited liability company Relocation Properties Management LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Provide homeseale assistance to relocating employees			
5. Principal office address 500 Diederich Blvd.		City Russell	State KY	Zip 41169	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Karen Evans			Contact Title Manager, State Income Tax		
Street Address 3499 Dabney Drive		City Lexington	State KY	Zip 40509	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 4 2 4 8 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

File Date 10/4/04
Check No. 10437037
By: DA
FOR SECRETARY OF STATE USE ONLY

J. M. Colvin
Signature of Authorized Person
Date 9/8/2004
Jerome M. Colvin, Asst. Secty-Treas.-Tax
Print or Type Name of Authorized Person