2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000010616

1. Entity Name
JENCORP, L.L.C.

Principal Place of Business	Mailing Address
6303 LONGLEAF PINE CT.	6303 LONGLEAF PINE CT.
BRADENTON, FL 34202	BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1131237	Not Applicable

5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUBLEDAY, JENNIFER L
6303 LONGLEAF PINE CT.
BRADENTON, FL 34202

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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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	PVS
NAME	DOUBLEDAY, JENNIFER L
STREET ADDRESS	6303 LONGLEAF PINE CT
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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04/05/04-80079-001 50.00

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11. I hereby certify that the information supplied 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JENNIFER L. DOUBLEDAY 3/31/04 941-809-5702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #