

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90018 038 \*\*\*\*50.00

<b>DOCUMENT #</b> 1. Entity Name
JEP, L.L.C. DOCUMENT# L01000016722

**DO NOT WRITE IN THIS SPACE**

**24064713**

2. Principal Place of Business 101 LOVEJOY ROAD	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FORT WALTON BEACH, FL		City & State		4. FEI Number 59-2951684	Applied For Not Applicable
Zip 32548	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**THERESE BAKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**101 LOVEJOY ROAD**  
  
City  
**FORT WALTON BEACH** **FL** Zip Code  
**32548**

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.

DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, THERESE 101 LOVEJOY ROAD FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, JAMES C. 41 RIDGELAKE DRIVE MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, KEN PO BOX 5107 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:**

*James C. Jenkins* **JAMES C. JENKINS** 4/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)