

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

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90160 049 \*\*\*\*50.00

**DOCUMENT #** L02000006634  
1. Entity Name  
**JEN-TER LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1085 SADDLE RIDGE ROAD</b>	3. Mailing Address <b>1085 SADDLE RIDGE ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NAPLES, FL</b>	City & State <b>MOSCOW, ID</b>
Zip <b>34103</b>	Zip <b>83843-8774</b>
Country	Country

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0576804</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

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

Name <b>JENNIE M FITTIPALDI</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3971 GULF SHORE BLVD. N., #1201</b>	
City <b>NAPLES</b>	Zip Code <b>FL 34103</b>

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 \_\_\_\_\_

<b>FEE IS \$50.00</b> Make Check Payable to Department of State <b>DUE BY MAY 1</b>
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BENDER, JENISE M 698 WESTRIDGE RD AKRON, OH 44333</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHNEIDER, TERRI 1085 SADDLE RIDGE ROAD MOSCOW, ID 83843</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Terri Schneider 3.2.07 207 311 911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)