


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000054111 1. Entity Name JAEGER ROAD, LLC	
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Principal Place of Business P.O. BOX 1598 GLASGOW, KY 42142	Mailing Address P.O. BOX 1598 GLASGOW, KY 42142
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02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1374662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OATES, MARC F P.A. 5515 BRYSON DRIVE SUITE 502 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METCALF, MICHAEL H 299 MEL JEN DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERNATIONAL INVESTMENTS, INC. 206 INDUSTRIAL DR GLASGOW, KY 42141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, GARY P.O. BOX 122 EDMONTON, KY 42129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000743918 05/15/07-80129-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

4-26-07 239-594-7780

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

Date

Daytime Phone #