
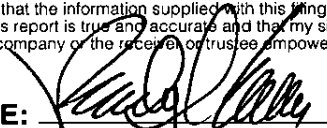


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90159 006 ****50.00

DOCUMENT # M03000004259 1. Entity Name JENGPS, LLC					
Principal Place of Business 8401 SHELBYVILLE ROAD LOUISVILLE, KY 40222			Mailing Address 8401 SHELBYVILLE ROAD LOUISVILLE, KY 40222		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092004 Chg-LLC CR2E083 (10/03) 4. FEI Number 30-0143388 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOY, GARY W		NAME		
STREET ADDRESS	8401 SHELBYVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40222		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWING, RANDY L		NAME	EWING, RANDY L	
STREET ADDRESS	8401 SHELBYVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40222		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKLIES, DAVID W		NAME		
STREET ADDRESS	8401 SHELBYVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40222		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROVE, KEVIN A		NAME		
STREET ADDRESS	8401 SHELBYVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40222		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERCHIK, JERROLD W		NAME		
STREET ADDRESS	8401 SHELBYVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40222		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Robert C. Schwartz	
STREET ADDRESS			STREET ADDRESS	8401 Shelbyville Road	
CITY-ST-ZIP			CITY-ST-ZIP	Louisville, KY 40222	
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: 			SIGNATURE: Randy L. Ewing		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/9/04 Daytime Phone # 502-429-6700		

24029446

