

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90041 022 ****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
**6060 Dutchmans Lane
Suite, Apt. #, etc.
100**

3. Mailing Address
**6060 Dutchmans Lane
Suite, Apt. #, etc.
100**

City & State
Louisville, Ky

City & State
Louisville, Ky

Zip
40205

Country
USA

Zip
40205

Country
USA

01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0143388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 **DAVID W. NICKLIES**

Street Address (P.O. Box Number is Not Acceptable)
6060 Dutchmans Lane

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **JOY, GARY W**
STREET ADDRESS **8401 SHELBYVILLE ROAD**
CITY-ST-ZIP **LOUISVILLE, KY 40222**

TITLE **MGR** ☐ Delete
NAME **EWING, RANDY L**
STREET ADDRESS **8401 SHELBYVILLE ROAD**
CITY-ST-ZIP **LOUISVILLE, KY 40222**

TITLE **MGR** ☐ Delete
NAME **NICKLIES, DAVID W**
STREET ADDRESS **8401 SHELBYVILLE ROAD**
CITY-ST-ZIP **LOUISVILLE, KY 40222**

TITLE **MGR** ☐ Delete
NAME **GROVE, KEVIN A**
STREET ADDRESS **8401 SHELBYVILLE ROAD**
CITY-ST-ZIP **LOUISVILLE, KY 40222**

TITLE **MGR** ☐ Delete
NAME **PERCHIK, JERROLD W**
STREET ADDRESS **8401 SHELBYVILLE ROAD**
CITY-ST-ZIP **LOUISVILLE, KY 40222**

TITLE **MGR** ☐ Delete
NAME **SCHWARTZ, ROBERT C**
STREET ADDRESS **8401 SHELBYVILLE ROAD**
CITY-ST-ZIP **LOUISVILLE, KY 40222**

10. ADDITIONS/CHANGES

TITLE **MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **9700 PARK PLAZA AVE., Suite 201**
CITY-ST-ZIP **Louisville, KY 40241**

TITLE **MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6060 Dutchmans Lane, Suite 100**
CITY-ST-ZIP **Louisville, Ky 40205**

TITLE **ADM. MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6060 Dutchmans Lane, Suite 100**
CITY-ST-ZIP **Louisville, Ky 40205**

TITLE **MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6060 Dutchmans Lane, Suite 100**
CITY-ST-ZIP **Lou. Ky 40205**

TITLE **MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **9700 PARK PLAZA AVE, SUITE 201**
CITY-ST-ZIP **Lou, KY 40241**

TITLE **MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6060 Dutchmans Lane, Suite 100**
CITY-ST-ZIP **Louisville, Ky 40205**

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

DAVID W. NICKLIES, ADM. MEMBER

Date

Daytime Phone #

1/31/2005 502-412-7650