


FILED  
Jul 12, 2006 8:00 am  
Secretary of State

05-01-2006 90033 044 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # M03000004259																																																												
1. Entity Name JENGPS, LLC																																																												
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DO NOT WRITE IN THIS SPACE																																																												
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>(Signature: Name of person or printed name of registered agent and title if appropriate) (NOTE: Registered Agent signature required when removing)</small> DATE _____																																																												
Filing Fee is \$50.00 Due by May 1, 2008																																																												
9. MANAGING MEMBERS/MANAGERS																																																												
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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 member or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.																																																												
SIGNATURE: <u>[Signature]</u> <u>cto MEMBER</u> 1/6/2006 502-412-7650																																																												

ATTACHMENT

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

5/1/2006-90033-044-\$50.00-\$50.00

DOCUMENT # M03000004259

1. Entity Name  
JENGPS, LLC



Principal Place of Business  
6060 DUTCHMANS LANE #100  
LOUISVILLE, KY 40205

Mailing Address  
6060 DUTCHMANS LANE #100  
LOUISVILLE, KY 40205

30011802



**DO NOT WRITE IN THIS SPACE**

01042006 No Chg-LLC

CR2E083 (11/05)

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

**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 witnessing.

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
NICKLIES, DAVID W  
6080 DUTCHMANS LANE, STE 100  
LOUISVILLE, KY 40205

TITLE  
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CITY-ST-ZIP

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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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*DAVID W. NICKLIES* MEMBER

1/6/2006

502-412-7650

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

Date

Daytime Phone



ATTACHMENT

30011802

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2006

JENGPS, LLC  
6060 DUTCHMANS LANE #100  
LOUISVILLE, KY 40205

Subject: JENGPS, LLC

Reference Number: M03000004259

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

PLEASE NOTE THERE IS NO TITLES. I AM SORRY I  
SIGNED AS CFO - CHANGED TO MEMBER. MR NICHUES  
IS THE MANAGER, EVERYONE ELSE IS ONLY A  
MEMBER.

THANKS

P.O. BOX 6478 - Tallahassee, Florida 32314

*Randy L. Ewing* MEMBER

RANDY L. EWING  
502-412-7650

# JENGPS, LLC

6060 Dutchmans Lane,  
Suite 110  
Louisville, KY 40205

June 19, 2006

ATTACHMENT

30011802

Florida Department of State  
Attn: Division of Corporations / Annual Reports Section  
P.O. Box 6478  
Tallahassee, Florida 32314

RE: Reference No: M03000004259  
JENGPS, LLC  
Letter Dated June 5, 2006

To Whom It May Concern:

In response to your attached letter dated June 5, 2006, we have already responded to your first notice dated May 11, 2006 and provided proper documentation. As previously explained and documented on your previous request dated May 10, 2006, there are NO titles for this entity. David W. Nicklies is the Manager, but all of the other following individuals are Members:

- ☐ Gary W. Joy
- ☐ Randy L. Ewing
- ☐ Kevin A. Grove
- ☐ Jerrold W. Perchik
- ☐ Robert C. Schwartz

For your convenience, I attached the information previously sent to your office in May of 2006. I highlighted the pertinent information. Please correct your records as we have properly filed our annual report.

In addition, please correct our address. We are located in **Suite 110** [NOT 100].

If you have any questions regarding any of the information included herein, please contact Amy M. Hardy or myself at 502-515-1919. Thank you for your assistance.

Sincerely,



Randy L. Ewing, CPA  
Member