2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

indicated on this report is true and accurate

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

limited liability company or

SIGNATURE

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # M03000004259** 04-30-2007 90063 022 ****50.00 1. Entity Name JENGPS, LLC Principal Place of Business Mailing Address 6060 DUTCHMANS LANE #100 6060 DUTCHMANS LANE #100 LOUISVILLE, KY 40205 LOUISVILLE, KY 40205 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State 4. FEi Number Applied For 30-0143388 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Addition TITLE ☐ Delete TITLE ☐ Change NICKLIES, DAVID W NAME NAME 6060 DUTCHMANS LANE, STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40205 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 7IP Change Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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 rustee engrowered to execute this report as required by Chapter 608, Florida Statutes.

FILED