


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90027 023 \*\*\*\*50.00

**DOCUMENT # M99000001159**

1. Entity Name  
**PJ WILES, L.L.C.**



Principal Place of Business  
**5593 WEST US 40 EAST  
 GREENFIELD, IN 46140**

Mailing Address  
**5593 WEST US 40 EAST  
 GREENFIELD, IN 46140**

**24046328**

2. Principal Place of Business  
**8972 Mud Creek Rd.**

3. Mailing Address  
**8972 Mud Creek Rd.**

Suite, Apt. #, etc.



01302004 Chg-LLC CR2E083 (10/03)

City & State  
**Indianapolis Indiana**

City & State  
**Indianapolis Indiana**

Zip  
**46256**

Country  
**USA**

4. FEI Number  
**35-2081186**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
 ONE BISCAYNE TOWER  
 TWO SOUTH BISCAYNE BLVD., SUITE 3400  
 MIAMI, FL 33131-1897**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENSEN, PETER Y 5593 WEST US 40 EAST GREENFIELD, IN 46140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENSEN, JUDITH 5593 WEST US 40 EAST GREENFIELD, IN 46140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8972 Mud Creek Rd. Indianapolis Indiana 46256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8972 Mud Creek Rd. Indianapolis Indiana 46256
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/13/04** **317-849-4945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #