


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000046095  
 1. Entity Name  
 JONALIS, LLC



Principal Place of Business 25466 SARITA DRIVE LAGUNA HILLS, CA 92653	Mailing Address 25466 SARITA DRIVE LAGUNA HILLS, CA 92653
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**DO NOT WRITE IN THIS SPACE**



04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2171355	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARK E. FRIED, PROFESSIONAL ASSOCIATION  
 1110 BRICKELL AVE.  
 STE. 700  
 MIAMI, FL 33131

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOUKROUN, JACOB 25466 SARITA DR. LAGUNA HILLS, CA 92653
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 05/11/06-80115-018 50.00

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

SIGNATURE: *Jacob Choukroun* 05/28/06 941-462-0618  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #