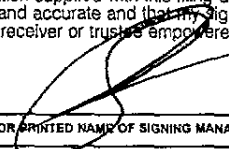


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000004625		
1. Entity Name TRILINE MEDICAL, LLC		
Principal Place of Business 7027 HAYVENHURST AVENUE VAN NUYS, CA 91406	Mailing Address 7027 HAYVENHURST AVENUE VAN NUYS, CA 91406	
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 <u></u> Michael J. Smith Signature, typed or printed name of registered agent and title, as applicable (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPMAN, SHAWN 7027 HAYVENHURST AVENUE VAN NUYS, CA 91406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date <u>4/10/06</u> Daytime Phone # <u>(818) 779-7250</u>



03132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
95-4673625

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required