

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90102 016 \*\*\*\*50.00

<b>DOCUMENT # L03000029809</b>					
<b>1. Entity Name</b> JALA GA.LLC					
<b>Principal Place of Business</b> WELCH RD FL INC. STE 101 NAPLES, FL 34103 <i>c/o Welsh Companies FL, Inc.</i>			<b>Mailing Address</b> 2400 9TH ST N 101 NAPLES, FL 34103		
<b>2. Principal Place of Business</b> <i>2400 9th St. North</i> Suite, Apt. #, etc. <i>Suite 101</i>			<b>3. Mailing Address</b> <i>2400 9th St. North</i> Suite, Apt. #, etc. <i>Suite 101</i>		
<b>City &amp; State</b> <i>Naples, FL</i>		<b>City &amp; State</b> <i>Naples, FL</i>		<b>4. FEI Number</b> 16-1680673	
<b>Zip</b> <i>34103</i>		<b>Country</b> <i>USA</i>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>01062005 Chg-LLC CR2E083 (10/03)</b>	
<b>6. Name and Address of Current Registered Agent</b> PATEL, AJAY R 1647 MANCHESTER CT NAPLES, FL 34109			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <input type="checkbox"/> Delete	<b>NAME</b> PATEL, AJAY R, PATEL SUNAII A, PATEL ROMA A		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b> 1647 MANCHESTER CT	<b>CITY - ST - ZIP</b> NAPLES, FL 34109		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> MGR <input type="checkbox"/> Delete	<b>NAME</b> VUKOBRATOVICH, GEORGE		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b> 2400 9TH ST/ C/O WELSH CO FL	<b>CITY - ST - ZIP</b> NAPLES, FL 34103		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>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 any 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.</b>					
<b>SIGNATURE:</b> _____			<b>1-20-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		