2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000029809

1. Entity Name
JALA GA LLC

Principal Place of Business	Mailing Address
24009TH ST. NORTH STE 101 NAPLES, FL 34103	24009TH ST. NORTH STE 101 101 NAPLES, FL 34103

02162006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1680673
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, AJAY R
1647 MANCHESTER CT
NAPLES, FL 34109

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PATEL,AJAY R,PATEL SUNAIL A,PATEL ROMA A
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	MGR
NAME	VUKOBRATOVICH, GEORGE
STREET ADDRESS	2400 9TH ST/ C/O WELSH CO FL
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____ as manager JALA G.A. LLC. 2-20-06 239 261-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #