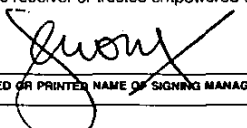


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90023 025 ****50.00

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																														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																														
4. FEI Number 20-2171355			Applied For <input type="checkbox"/> Not Applicable																														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			01172005 Chg-LLC CR2E083 (10/03)																														
6. Name and Address of Current Registered Agent MARK E. FRIED, PROFESSIONAL ASSOCIATION 1110 BRICKELL AVE. STE. 700 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating)																																	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM CHOUKROUN, JACOB 25466 SARITA DR. LAGUNA HILLS, CA 92653 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOUKROUN, JACOB 25466 SARITA DR. LAGUNA HILLS, CA 92653 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: 			03/29/05 949-768-9378																														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #																														