2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000007168

Entity Name: JALSA, LLC

Current Principal Place of Business:

2071 S. ATLANTIC AVE.
DAYTONA BEACH, FL 32118

New Principal Place of Business:

2015 SOUTH ATLANTIC AVE
DAYTONA BEACH, FL 32118

Current Mailing Address:

P.O BOX 15137
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 83-0417315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, RAKESH D
2071 S. ATLANTIC AVE.
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

PATEL, RAKESH D
2015 SOUTH ATLANTIC AVE
DAYTONA BEACH, FL 32118 US

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.

SIGNATURE: RAKESH D PATEL 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PATEL, RAKESH D
Address: 2071 S. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM ( ) Delete
Name: PATEL, VARSHA R
Address: 2071 S. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PATEL, RAKESH D
Address: 2015 S. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM (X) Change ( ) Addition
Name: PATEL, VARSHA R
Address: 2015 S. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAKESH D PATEL MGMR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date