2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: JONQUILLE LLC

Current Principal Place of Business:

5151 JASMINE WAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

5085 QUILL COURT
PALM HARBOR, FL 34685 US

Current Mailing Address:

5151 JASMINE WAY
PALM HARBOR, FL 34685 US

New Mailing Address:

5085 QUILL COURT
PALM HARBOR, FL 34685 US

FEI Number: 52-2451016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAJANI, BIJAL
5151 JASMINE WAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

RAJANI, BIJAL
5085 QUILL COURT
PALM HARBOR, FL 34685 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: BIJAL RAJANI 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAJANI, BIJAL
Address: 5151 JASMINE WAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM ( ) Delete
Name: RAJANI, VAKESH
Address: 5151 JASMINE WAY
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RAJANI, BIJAL
Address: 5085 QUILL COURT
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM (X) Change ( ) Addition
Name: RAJANI, VAKESH
Address: 5085 QUILL COURT
City-St-Zip: PALM HARBOR, FL 34685 US

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: VAKESH RAJANI MGMR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date