2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # M04000001003 1. Entity Name **VESYSTEMS LLC** Principal Place of Business Mailing Address 125 PACIFICA STE. 290 125 PACIFICA STE. 290 IRVINE, CA 92618 IRVINE, CA 92618 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 33-0937990 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLATZ, DANIEL DO NOT WRITE 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 IN THIS SPACE 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 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 MLE MGR RIETSCH, MANFRED NAME STREET ADDRESS 125 PACIFICA STE. 290 CITY-ST-7(P IRVINE, CA 92618 TITLE NAME BISHOP, JOEL STREET ADDRESS 125 PACIFICA STE, 290 **IRVINE, CA 92618** CITY -ST-ZIP TITLE MGR NAME DUFFY, WILLIAM STREET ADDRESS 125 PACIFICA STE. 290 DO NOT WRITE IRVINE, CA 92618 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLENAME STREET ADDRESS CITY-ST-ZIP

FILED

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ma~	Jud Rie	Sol Man.	red Rietsc	h. Janl	0,06	949-790-770
SIGNATURE AND TYPED OR I	RINTED NAME OF SIGNI	ng managing Nèmber, or auth	DRIZED REPRESENTATIVE	Date	, ,	Davime Phone #