


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P40997 1. Entity Name FJS PROPERTIES, INC.	
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Principal Place of Business 155 N LAKE AVENUE STE 1000 PASADENA, CA 91101	Mailing Address 155 N LAKE AVENUE STE 1000 PASADENA, CA 91101
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3254175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOHORST, W. ROBERT 155 N LAKE AVENUE #1000 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESSER, DAVID 155 N LAKE AVENUE #1000 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC DAVIS, CHRISTOPHER K 155 N LAKE AVENUE #1000 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WILKINSON, PETER 155 N LAKE AVENUE #1000 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLER, GLEN W 1840 SCHOOL ST. MORAGA, CA 94556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000045038
02/11/04-80046-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DAVID I. LESSER, PRESIDENT	Date _____	Daytime Phone # 626-585-5720
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