RI SOS Filing Number: 200702736120 Date: 10/17/2007 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
116007	JONKAR, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO OWN, MANAGE, CONTROL REAL ESTATE

5. Principal office address	City	State	Zip
90 INDUSTRIAL CIRCLE	LINCOLN	RI	02865-

6. [redacted]

Contact Name	Contact Title
JOHN R GUSTAFSON	

Street Address	City	State	Zip
2840 CUYAHOGA LANE	WEST PALM BEACH	FL	33409-

7. [redacted]

Manager Name	Manager Name
John R. Gustafson	

Street Address	Street Address
2840 Cuyahoga Lane	

City	State	Zip	City	State	Zip
West Palm Beach	FL	33409			

Manager Name	Manager Name

Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT [redacted]

Agent Name	Address
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111

Address	City	Zip
VIEIRA & DiGIANFILIPPO LTD.	PROVIDENCE	02903-

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person *Date*

[redacted] John R. Gustafson, Manager 10/8/07

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 17 2007
By:	By

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15914-8-196053

Form 632 Rev. 6/02