

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007695

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** SYNOGEN DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

101 SE 2ND PLACE  
SUITE 201-B  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

101 SE 2ND PLACE  
SUITE 201-B  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 03-0510303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFRIES, DAVID M  
1227 NORTH FRANKLIN STREET  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ALLEN, RICHARD R MGRM  
**Address:** 101 SE 2ND PLACE, SUITE 201B  
**City-St-Zip:** GAINESVILLE, FL 32601 US

**Title:** MGR ( ) Delete  
**Name:** WARRINGTON, STEPHANIE P  
**Address:** 101 SE 2ND PLACE, SUITE 201B  
**City-St-Zip:** GAINESVILLE, FL 32601 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** RICHARD R. ALLEN

MGRM

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date