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Secretary of State

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000022672

1. Entity Name
SLIMZONE LLC

30012009

Principal Place of Business	Mailing Address
3 KRYZNOWEK COURT PARLIN, NJ 08859	3 KRYZNOWEK COURT PARLIN, NJ 08859

03242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4400 Route 9 South	4400 Route 9 South
Suite, Apt #, etc. Suite 1000	Suite, Apt. #, etc. Suite 1000
City & State Freehold, NJ	City & State Freehold, NJ
Zip 07728 Country USA	Zip 07728 Country USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDAN, JEFFREY 3 KRYZNOWEK COURT PARLIN, FL 08859	Name: Jeffrey Jordan Street Address (P.O. Box Number is Not Acceptable): 3350 S.W. 148th Ave #110 City: Miramar FL Zip Code 33027

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) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN, JEFFREY 3 KRYZNOWEK COURT PARLIN, NJ 08859	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3350 SW 148 Ave #110 Miramar FL 33027 + 4400 RT 9 South Suite 1000 Freehold NJ 07728	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: [signature] 4/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #