

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000109081

FILED
Jun 02, 2006
Secretary of State**Entity Name:** SYMA GROUP, LLC**Current Principal Place of Business:**7645 LAKE WORTH ROAD
LAKE WORTH, FL 33467**New Principal Place of Business:****Current Mailing Address:**7645 LAKE WORTH ROAD
LAKE WORTH, FL 33467**New Mailing Address:****FEI Number:** 20-3749482**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE
28TH FLOOR
MIAMI, FL 33131 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: SYMA GROUP, INC.,
Address: 7645 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: PATEL, MITAL
Address: 7645 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467Title: MGRM () Change (X) Addition
Name: PATEL, YOGESH
Address: 7645 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467Title: MGRM () Change (X) Addition
Name: PATEL, SANJAY
Address: 7645 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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: MITAL PATEL

MGRM

06/02/2006

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