2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023449

4500 OLA BEACH DRIVE

City-St-Zip: MOUNT DORA, FL 32757

Address:

Entity Name: ZUROXX, LLC

FILED Apr 27, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|-------------------------------------|-----------------------------------|---|--|
| | A BEACH DR DORA, FL 32 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | A BEACH DR DORA, FL 32 | | | | |
| FEI Numbe | er: 20-4421023 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 4500 OLA | N, JOSHUA A BEACH DR DORA, FL 32 | IVE | | | |
| | e named enti te of Florida. | ty submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both | |
| SIGNATU | JRE: | | | | |
| | Electi | ronic Signature of Registered Age | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: | MGRM | () Delete | Title: | () Change () Addition | |

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: JOSHUA CHAPMAN MGR 04/27/2008