

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035884

FILED
Aug 29, 2008
Secretary of State

Entity Name: OBJEX SYNC, LLC

Current Principal Place of Business:

143 N. E. NARANJA AVE
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

3117 SW 14TH STREET
FT. LAUDERDALE, FL 33312 US

Current Mailing Address:

143 N. E. NARANJA AVE
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

3117 SW 14TH STREET
FT. LAUDERDALE, FL 33312 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKNEY, ROBERT C ESQ.
MOYLE FLANIGAN ET AL
625 N. FLAGLER DR. - 9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GILEAD, KATHLEEN
3117 SW 14TH STREET
FT. LAUDERDALE, FL 33312 US

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: /S/ KATHLEEN GILEAD

08/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LONG, JOHN
Address: 143 N. E. NARANJA AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: MGR () Delete
Name: LONG, THOMAS C
Address: 143 N. E. NARANJA AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983 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: /S/ JOHN LONG

MGR

08/29/2008

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