

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L07000089116**

1. Entity Name  
**J A ZIMMER HOLDINGS LLC**



**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90150 028 \*\*\*138.75

Principal Place of Business  
**6517 PONDAPPLE RD  
BOCA RATON, FL 33433**

Mailing Address  
**6517 PONDAPPLE RD  
BOCA RATON, FL 33433**

**60018933**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/08)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

**33-1179295**

Zip

Country

Zip

Country

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

**THE FULL CIRCLE  
1801 W. ATLANTIC AVE  
SUITE B3  
DELRAY BEACH, FL 33444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete  
NAME **ZIMMER, JUDITH A**  
STREET ADDRESS **6517 PONDAPPLE RD**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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TITLE Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Change Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **3/31/08** Daytime Phone # **561**

**(177-810)**