2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L08000032136

Entity Name: LIFE SYNERGIES GROUP,LLC

Current Principal Place of Business:

193 ROTONDA BLVD. EAST
ROTONDA WEST, FL 33947

New Principal Place of Business:

THE PLAZA, 951 BRICKELL AVE
2808
MIAMI, FL 33131 FL

Current Mailing Address:

193 ROTONDA BLVD. EAST
ROTONDA WEST, FL 33947

New Mailing Address:

THE PLAZA, 951 BRICKELL AVE
2808
MIAMI, FL 33131

FEI Number: 26-2322835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNAUGHTON, JOHN M
193 ROTONDA BLVD. EAST
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

QUINN, FINBAR E
THE PLAZA, 951 BRICKELL AVE
2808
MIAMI, FL 33131 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: FINBAR QUINN 04/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: QUINN, FINBAR E
Address: 193 ROTONDA BLVD. EAST
City-St-Zip: ROTONDA WEST, FL 3947

Title: MGRM (X) Delete
Name: CONNAUGHTON, JOHN M
Address: 193 ROTONDA BLVD. EAST
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: QUINN, FINBAR E
Address: 951 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

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: FINBAR QUINN CEO 04/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date