

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068864

FILED
Aug 12, 2009
Secretary of State

Entity Name: ZINNIA, LLC

Current Principal Place of Business:

100 SOUTH EOLA DRIVE
NUMBER 1008
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

100 SOUTH EOLA DRIVE
NUMBER 1008
ORLANDO, FL 32801

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WARING, JANA M
100 SOUTH EOLA DRIVE
NUMBER 1008
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WARING, JANA M JANA WA
100 SOUTH EOLA DRIVE
NUMBER 1008
ORLANDO, FL 32801 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: JANA WARING

08/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WARING, JANA M
Address: 100 SOUTH EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARING, JANA M JANA WA
Address: 100 SOUTH EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Change (X) Addition
Name: ROTHERMEL, JANICE C JANA WA
Address: 100 S EOLA DR - # 1008
City-St-Zip: ORLANDO, FL 32801

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: JANA WARING

MS.

08/12/2009

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