

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000980

Entity Name: ZYNERGY, L.C.

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

28 NORTH HILLSIDE AVE  
LIVINGSTON, NJ 07039

**New Principal Place of Business:**

301 E. PINE STREET  
150  
ORLANDO, FL 32801

**Current Mailing Address:**

28 NORTH HILLSIDE AVE  
LIVINGSTON, NJ 07039

**New Mailing Address:**

FEI Number: 59-3467327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

ZIMBARDI, JAMES NICHOLAS  
797 NORTH ORANGE AVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

ZIMBARDI, JAMES NICHOLAS  
301 E. PINE STREET  
SUITE 150  
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: JAMES ZIMBARDI

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZIMBARDI, JAMES NICHOLAS  
Address: 28 NORTH HILLSIDE AVE  
City-St-Zip: LIVINGSTON, NJ 07039

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ZIMBARDI, JAMES NICHOLAS  
Address: 301 E. PINE STREET  
City-St-Zip: ORLANDO, FL 07039

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: JAMES ZIMBARDI

MGR

05/01/2008

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