


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90266 028 ****50.00

DOCUMENT # L03000056048

1. Entity Name
SYNAESTHESIS, LLC



Principal Place of Business
612 SW 16 STREET
FT LAUDERDALE FL 33315

Mailing Address
P.O. BOX 864
FT LAUDERDALE FL 33302

Change (also filled out form to change)



2. Principal Place of Business
25 S.E. St. Lucie Blvd

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
Stuart FL

City & State
SAME

Zip
34994

Country
USA

1st MOORE CR2E083 (10/05)

4. FEI Number
54-2155703

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANASTON-KARAS, KIM
612 SW 16 STREET
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

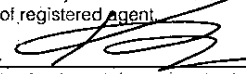
Name
ANASTON-KARAS, KIM

Street Address (P.O. Box Number is Not Acceptable)
25 SE St. Lucie Blvd

City
Stuart FL 34994

Zip Code
FL

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  DATE **3/4/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ANASTON-KARAS, JAMES E	612 SW 16 STREET	FT. LAUDERDALE FL 33315	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **3/4/06** 954 647 477

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