


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90043 041 \*\*\*\*50.00

60029911



DOCUMENT # L04000059663					
1. Entity Name CYNERGI 2700 MANAGEMENT, LLC					
Principal Place of Business 1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33179			Mailing Address 1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVENUE SUITE #100 AVENTURA, FL 33180				Name <b>RON DAVIDSON</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1550 NE MIAMI GARDENS DRIVE</b>	
				Suite <b>SUITE 200</b>	
				City <b>N. MIAMI BEACH</b>	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: <u><i>[Signature]</i></u> <b>RON DAVIDSON, MANAGER</b> <u>4/6/06</u> DATE					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, RON 1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI GARDENS, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORGAD, IZHAK 1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI GARDENS, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <b>RON DAVIDSON, MANAGER</b> <u>4/6/06</u> <u>(305) 947-1110</u> DATE Daytime Phone #					