

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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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 <u>RON DAVIDSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1550 NE MIAMI GARDENS DRIVE</u> <u>Suite 200</u> City <u>N. Miami Beach</u> <u>FL</u> Zip Code <u>33179</u>		
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>RON DAVIDSON, MANAGER</u> DATE <u>4/6/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	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"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>RON DAVIDSON, MANAGER</u> DATE <u>4/6/06</u> (705) 942-1110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					