2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000068970

1, Entity Name

SYNÉRGY FLORIDA HOLDINGS, LLC



Principal Place of Business

Mailing Address

5511 N. UNIVERSITY DR. SUITE 101 CORAL SPRINGS, FL 33067 5511 N. UNIVERSITY DR. SUITE 101 CORAL SPRINGS, FL 33067

FILED Apr 23, 2008 08:00 AN Secretary of State



04192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 43-2061704 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BLUM, STUART R CPA 5511 NORTH UNIVERSITY DR SUITE 101 CORAL SPRINGS, FL 33067

SIGNATURE AND TYPED OR

DO NOT WRITE IN THIS SPACE

CORAL SPRINGS, FL 33067		IN THIS STASE
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	BLUM, STUART	
STREET ADDRESS	5511 NORTH UNIVERSITY DR SUITE 101	Unnanga 17204
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	U00000917394
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	and the state of t	he exemptions contained in Chapter 119 Florida Statutes 1 further certify that the information
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 companylor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE