

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000980

1. Entity Name
Zynergy, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business
610 Sycamore Street
Suite 205
Celebration, FL 34747

Mailing Address
610 Sycamore Street
Suite 205
Celebration, FL 34747

2. Principal Place of Business
610 Sycamore Street
Suite, Apt. #, etc.
Suite 205
City & State
Celebration, FL

3. Mailing Address
610 Sycamore Street
Suite, Apt. #, etc.
Suite 205
City & State
Celebration, FL

Zip 34747 Country USA Zip 34747 Country USA

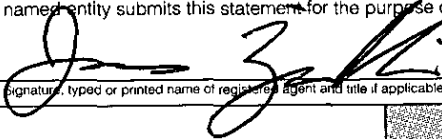
4. FEI Number 69-3407327 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
James Nicholas Zimbardi Mgr.
2800 Core Cay Drive, #3D
Clearwater, FL 33760

7. Name and Address of New Registered Agent
Name James Nicholas Zimbardi Mgr.
Street Address (P.O. Box Number is Not Acceptable)
610 Celebration Ave, #280
City Celebration FL Zip Code 34747

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.


SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 5/30/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Nicholas Zimbardi Mgr. 610 Celebration Ave, #280 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nicholas James Zimbardi Mgr. 109 Bow Street Bayville, NJ 08721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Manager Emily Ingram Mgr. 610 Celebration Ave, #280 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003317130--7 -07/10/00--01011--010 *****55.00 *****55.00
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  James Zimbardi DATE 5/30/00 Daytime Phone # 407.566.2323

CR2E083 (11/99)