

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91596 047 ****50.00

DOCUMENT # L99000003729
1. Entity Name
SYNAPSE, L.L.C.

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968203

| | | | |
|---|----------------|---|---------|
| 2. Principal Place of Business 2727 Marsh Wren Circle Suite, Apt. #, etc. | | 3. Mailing Address same Suite, Apt. #, etc. | |
| City & State Longwood, FL | | City & State | |
| Zip 32779 | Country USA | Zip | Country |

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| | |
|--|-------------------------------|
| 4. FEI Number | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

7. Name and Address of Current Registered Agent

| |
|---|
| Name Christopher J. Baker |
| Street Address (P.O. Box Number is Not Acceptable) 2727 Marsh Wren Circle Longwood FL 32779 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

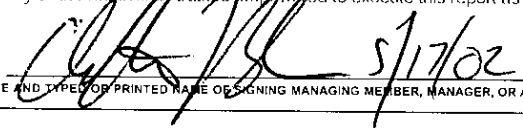
FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| | | | |
|--|-----------------------------------|----------------|-------------|
| TITLE Member | NAME Christopher J. Baker | TITLE | NAME |
| STREET ADDRESS 2727 Marsh Wren Circle | CITY-ST-ZIP Longwood, FL 32779 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
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| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |

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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:  5/17/02 Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)