

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059663

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CYNERGI 2700 MANAGEMENT, LLC

**Current Principal Place of Business:**

1550 N.E. MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1550 N.E. MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 20-1517522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DADE COUNTY CORPORATE AGENTS, INC.  
18901 NE 29TH AVENUE  
SUITE #100  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DAVIDSON, RON  
Address: 1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR  
City-St-Zip: NORTH MIAMI GARDENS, FL 33179

Title: MGR ( ) Delete  
Name: ORGAD, IZHAK  
Address: 1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR  
City-St-Zip: NORTH MIAMI GARDENS, FL 33179

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RON DAVIDSON

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date