

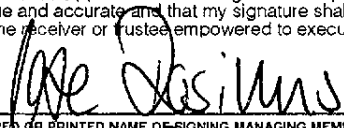


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000017098</b> 1. Entity Name <b>SYNERGY GOLF DEVELOPMENT, LLC</b>					
Principal Place of Business <b>25151 PENNYROYAL DRIVE BONITA SPRINGS FL 34134</b>				Mailing Address <b>25151 PENNYROYAL DRIVE BONITA SPRINGS FL 34134</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/04)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>56-2287511</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>ROSINUS, UTE 25151 PENNYROYAL DRIVE BONITA SPRINGS FL 34134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>ROSINUS, UTE 25151 PERRYROYAL DR BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>U000000286120</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>04/04/05-80016-004 50.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>ROSINUS, BJOERN 25151 PERRYROYAL DR BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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					
<b>SIGNATURE:</b>  <b>April 01-05 (239) 949-0990</b>					