

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/12/

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-12-2004 90131 008 ****50.00

DOCUMENT # L02000027968					
1. Entity Name SYNERGY DESIGN BUILD, LLC					
Principal Place of Business 120 NW 13TH ST GAINESVILLE, FL 32601			Mailing Address 120 NW 13TH ST GAINESVILLE, FL 32601		
2. Principal Place of Business 120 NW 13TH ST. Suite, Apt. #, etc.		3. Mailing Address 52me Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State /		4. FEI Number 00-0105684	
Zip 32601		Country AL2CH02		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONROY, MICHAEL A 5119 N.W. 50TH LANE GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name: Michael A. Conroy Street Address (P.O. Box Number is Not Acceptable): 5119 NW 50TH LN (Home) City: Gainesville FL Zip Code: 32653		
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: <u>Michael A. Conroy</u> DATE: <u>7/08/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PELLETT, MICHAEL 511 NW 4TH PL GAINESVILLE, FL 32607		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> 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.					
SIGNATURE: <u>Michael A. Conroy</u> <u>July 10, 2004 (352) 387-2535</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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