## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

04-19-2004 90029 031 \*\*\*\*50 00

DOCUMENT # L0300000646							04-19-2004 90029 031 *****50.00				
1. Enity Name CINERGY INTERNATIONAL, LLC											
and the state of the control of the state of											
Principal Place of Business  128 WEST BROADWAY STE. 100 OVIEDO, FL 32765  Mailing Address  128 WEST BROADWAY STE. 100 OVIEDO, FL 32765							_				
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2. Principal Pla	ace of Busin	ness	3. Mailing Address								
Suite, Apt. 4, etc. /02			Suite, Apt. #. etc.				04092004	Chg-LLC	•	E083 (10/03)	)
City & State			City & State			4. FEI Numb	23128	71		Applied For Not Applicable	
Zip		Country Zip C		Coun	itry			of Status Desire	_	\$5.00 A	
	6. Name	and Address of Current I	egistered Agent Name			7. Name and Address of New Registered Agent					
CORPDIRE		Street Address (P.O. Box Number is Not Acceptable)									
103 NORTI TALLAHAS		IAN STREET LOWE   32301	LEVEL	Street Address (P.U. Box			P.O. BOX NUME	——————			
					City		•		F	Zip Co	cle
			the purpose of changing its	register	ed office or	register	ed agent, or b	oth, in the State o	f Florida. I a	m familiar with	h, and accept
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE											
Fil Dt	ling Fee ue by Ma	is \$50.00 y 1, 2004								t payable to trent of Str	
9.		MANAGING MEMBE		10.		44.0	714	ADDITIO	NS/CHANG		
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CTY-ST-ZZP				_	r-\$t-zip	OVI	EDO F	L 727	(5		
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CITY-ST-ZIP					Y-51-ZIP						
11. I hereby certily 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 trustage empowered to execute this report as required by Chapter 608, Florida Statutes.											
RICHARD A.P. MERRIGAN											
SIGNATURE: 4-12-04 497 971 88-55 BORNATURE AND TYPED OR PRINTED HARROF SIGNING PROVIDENCE MANAGER, OR AUTHORIZED REPRESENTATIVE Date Depting Prove #											