## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L0300005060

1. Entity Name SYNCHRONICITY, LLC



Principa: Place of Business

SIGNATURE:

SIGNATURE AND TYPE

D NAME OF SIGNING MA

Mairing Address

1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110

1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110

filing fees Jan 20, 2005 08:00, Secretary of State



01052005 No Chg-LLC

CR2E083 (10/03)

4. I'Cl Number 26-0069398

Appred For Not Approaple

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

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 optigations of registered agent.				
SIGNATURE		(1015 Tegritary Agent groups required from referring type	, DATE	
Filing Fee 15.\$50.00 Due by May 1, 2005			-	
9.	MANAĞİNĞ MEMBERS/MANAGERS		7	
TITLE NAME STREET ADDRESS CITY SY ZIP	MGRM MJC, LLC 1016 COLLIER CENTER WAY, STE 103 NAPLES, FL 34110		U00000186054 01/21/05-80042-010 50.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR CONNORS, MICHAEL J 1016 COLLIER CENTER WAY, STE 103 NAPLES, FL 34110			
TITLE NAME STREET ADDRESS CITY ST ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY ST ZIP		IN .	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY ST ZIP				
TITLE F.AME STREET ADDRESS CITY ST ZIP				
11. Thereby certify that the intrinsic on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7). Florida Statutes. I further certify that the information indicated on this report is if it 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 imited habit ty company or this report as required by Chapter 608, Florida Statutes.				