

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019584

FILED  
Jul 21, 2004  
Secretary of State

**Entity Name:** SYNERGY MULTIMEDIA FLORIDA, LLC

**Current Principal Place of Business:**

1012 N. ORANGE AVE  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

11130 STATE BRIDGE RD  
SUITE C-201  
ALPHARETTA, GA 30022 US

**New Mailing Address:**

1012 N. ORANGE AVE  
SARASOTA, FL 34236 US

**FEI Number:** 30-0178995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHNUGG, STEPHEN J JR.  
1012 NORTH ORANGE AVE  
SARASOTA, FL 34236 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:** XCELERA ENTERPRISES., LTD.  
**Address:** 11130 STATE BRIDGE RD, SUITE C-201  
**City-St-Zip:** ALPHARETTA, GA 30022 US

**Title:** MGRM ( ) Delete  
**Name:** ANDERSON, LUKE W  
**Address:** 910 PLUM TREE LANE  
**City-St-Zip:** SARASOTA, FL 34243 US

**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:** LUKE W. ANDERSON

MGRM

07/21/2004

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