2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033172

1. Entity Name
SYNERGY III, LLC



FILED Mar 31, 2008 08:00 Al Secretary of State

Fee Required

Principal Place of Business

8800 GRAND OAK CIRCLE, STE. 400 TAMPA, FL 33637

Mailing Address

8800 GRAND OAK CIRCLE, STE. 400 TAMPA, FL 33637



DO NOT WRITE IN THIS SPACE

03142008No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
83- <u>0425421</u>		Not Applicable
5. Certificate of Status Desired	 \$5.00	Additional

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A. 7777 GLADES ROAD, STE. 300 BOCA RATON, FL 33434

SIGNATURE:

DO NOT WRITE IN THIS SPACE

18/2008

Daytime Phone #

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				
01-11-11-11-11-11-11-11-11-11-11-11-11-1	Signature, typed or printed name of registered agent and little it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		000000873944 04/10/08-80099-016 138.75	
9.	MANAGING MEMBERS/MANAGERS		TANKE AND THE STATE OF THE STATE OF	
TITLE	MGRM			
NAME	WOOD, MARILYN G			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and adcurate 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE