


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90043 042 ****50.00

DOCUMENT # L05000044479 1. Entity Name DELTRUST CYNERGI HOLDINGS MANAGEMENT, LLC					
Principal Place of Business 1550 MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33174		Mailing Address 1550 MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33174			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1517355	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 SOUTH BISCAYNE BOULEVARD, SUITE 1700 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name RON DAVIDSON Street Address (P.O. Box Number is Not Acceptable) 1550 NE MIAMI GARDENS DR #200 City N. miami BEACH FL Zip Code 33179	
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>RON DAVIDSON, MANAGER</u> DATE 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, RON 1550 MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33174	<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	MGR ORGAD, ISHAK 1550 MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33174	<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	MGR ORGAD, ISHAK 1550 MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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>RON DAVIDSON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: 4/6/06 DAYTIME PHONE: (305) 947-1710	