2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# L05000060806

Entity Name: LAPSED SYNAPSE, LLC

Current Principal Place of Business:

1543 WHISPERING OAKS CIRCLE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1543 WHISPERING OAKS CIRCLE
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-3018562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BOULEVARD, SUITE 600
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

HAHN LOESER + PARKS
800 LAUREL OAK DRIVE
NAPLES, FL 34108 US

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: JEANNE SEEWALD 04/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHIPLEY, CONSTANCE S
Address: 1543 WHISPERING OAKS CIRCLE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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 Chapter 119, 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: CONSTANCE SHIPLEY MS. 04/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date