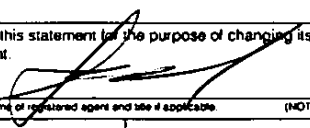
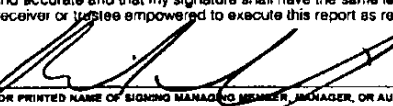


FILED
Jun 04, 2007 8:00 am
Secretary of State

04-30-2007 90051 039 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000008219			
1. Entity Name SYNERGY REALTY PARTNERS, LLC			
Principal Place of Business 10970 S. Cleveland Ave. 2075 WEST FIRST STREET #200 FORT MYERS, FL 33901		Mailing Address 2075 WEST FIRST STREET #200 FORT MYERS, FL 33901 US	
2. Principal Place of Business - No P.O. Box # 10970 S. Cleveland Ave.		3. Mailing Address 10970 S. Cleveland Ave.	
Suite, Apt. #, etc. 406		Suite, Apt. #, etc. 406	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33907		Country USA	
4. FEI Number 56-2557118		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
8. Name and Address of Current Registered Agent BOYD, KENNETH R 2075 WEST FIRST STREET #200 FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10970 S. Cleveland Ave. Suite 406 City Fort Myers FL Zip Code 33907	
6. 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  DATE 5/31/07 Signature, handwritten name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM SEIF, PETER 2075 WEST FIRST STREET, #200 FORT MYERS, FL 33901			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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:  DATE 4/5/07 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			