


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90348 004 \*\*\*\*55.00

<b>DOCUMENT # L06000080195</b> 1. Entity Name <b>SYNERGY DEVELOPMENTS, LLC</b>					
Principal Place of Business <b>801 W. AZEELE STREET #1 TAMPA, FL 33606 US</b>			Mailing Address <b>801 W. AZEELE STREET #1 TAMPA, FL 33606 US</b>		
2. Principal Place of Business - No P.O. Box # <b>12518 River Birch Dr.</b>		3. Mailing Address <b>12518 River Birch Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Riverview, Florida</b>		City & State <b>Riverview, Florida</b>		4. FEI Number <b>20-5778312</b>	
Zip <b>33569</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEIRA, MARIO A 801 W. AZEELE STREET #1 TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name <b>Neira, Mario A</b> Street Address (P.O. Box Number is Not Acceptable) <b>12518 River Birch Dr.</b> City <b>Riverview</b> <b>FL</b> Zip Code <b>33569</b>		
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><i>Mario A. Neira (Manager)</i></u> DATE <u>4-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NEIRA, MARIO A 801 W. AZEELE STREET TAMPA, FL 33606</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Neira, Mario A 12518 River Birch Dr. Riverview, Florida 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>Mario A. Neira</i></u> <u><i>Mario A. Neira</i></u>			Date <u>4-30-07</u> Daytime Phone # <u>813-493-5108</u>		

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