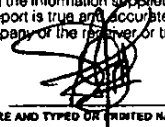


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. **FILED**
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90119 005 ***138.75

DOCUMENT # L07000095629			
1. Entity Name SYNERGY GROUP INVESTMENTS, LLC			
Principal Place of Business 13570 N.W. 107 AVE., SITE 2 HIALEAH GARDENS, FL 33018		Mailing Address 2871 S.W. 143 PLACE MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 13570 NW 107 AVE.		3. Mailing Address	
Suite, Apt. #, etc. B-2		Suite, Apt. #, etc.	
City & State HIALEAH GARDENS, FL		City & State	
Zip 33018	Country USA	Zip	Country
6. Name and Address of Current Registered Agent NOVO, JUAN C 2871 S.W. 143 PLACE MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. NOVO, JUAN C 2871 S.W. 143 FLOOR MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIMENEZ, DOMINGO 13570 N.W. 107 AVE., SUITE 2 HIALEAH GARDENS, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		JUAN C. NOVO 01-18-08 305-218-7302	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30001055



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 35-2323512 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required