

2001 UNIFORM BUSINESS REPORT (UBR)

0023242 AF

DOCUMENT # L97000000980

1. Entity Name
ZYNERGY, L.C.

FILED
2001 APR 20 AM 11:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**610 SYCAMORE ST., SUITE 205
CELEBRATION FL 34747**

Mailing Address
**610 SYCAMORE ST., SUITE 205
CELEBRATION FL 34747**

2. Principal Place of Business
**741 Front St
Suite, Apt. #, etc.
320**

3. Mailing Address
**741 Front St
Suite, Apt. #, etc.
320**

City & State
Celebration, FL

City & State
Celebration, FL

4. FEI Number
59-3467327

Applied For
Not Applicable

Zip
34747 Country
USA

Zip
34747 Country
USA

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

6. Name and Address of Current Registered Agent

**ZIMBARDI, JAMES NICHOLAS
~~660 CELEBRATION AVE., #280~~ 701 Front Street # 210
CELEBRATION FL 34747**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGR	ZIMBARDI, JAMES NICHOLAS	660 CELEBRATION AVE., #280	CELEBRATION FL 34747	<input type="checkbox"/>	President	James Zimbardi	701 Front Street #210	Celebration, FL 34747	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	ZIMBARDI, NICHOLAS JAMES	109 BOW ST	BAYVILLE NJ 08721	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	INGRAM, EMILY	660 CELEBRATION AVE., #280	CELEBRATION FL 34747	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** Zimbardi President **4/10/01** 407-566-2323
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #

CR2E083 (11/00)