

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

7. Name and Address of New Registered Agent

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

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 Delete
MGR ZIMBARDI, JAMES NICHOLAS
STREET ADDRESS **660 CELEBRATION AVE., #280**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE NAME Change Addition
President James Zimbardi
STREET ADDRESS **701 Front Street #210**
CITY-ST-ZIP **Celebration, FL 34747**

TITLE NAME Delete
MGR ZIMBARDI, NICHOLAS JAMES
STREET ADDRESS **109 BOW ST**
CITY-ST-ZIP **BAYVILLE NJ 08721**

TITLE NAME Change Addition
900004086279-0
STREET ADDRESS **-04/27/01--01091--013**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
MGR INGRAM, EMILY
STREET ADDRESS **660 CELEBRATION AVE., #280**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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)