


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90046 002 \*\*\*\*50.00

**DOCUMENT # L97000000980**

1. Entity Name  
**ZYNERGY, L.C.**



Principal Place of Business  
**215 CELEBRATION PLACE  
 SUITE 500  
 CELEBRATION, FL 34747**

Mailing Address  
**215 CELEBRATION PLACE  
 SUITE 500  
 CELEBRATION, FL 34747**

**24034933**



2. Principal Place of Business  
**1208 Celebration Ave**

3. Mailing Address  
**1208 Celebration Ave**

Suite, Apt. #, etc.

01272004 Chg-LLC CR2E083 (10/03)

City & State  
**Celebration FL**

City & State  
**Celebration, FL**

Zip  
**34747**

Country  
**Osceola**

Zip  
**34747**

Country  
**Osceola**

4. FEI Number  
**59-3467327**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZIMBARDI, JAMES NICHOLAS  
 1208 CELEBRATION AVE.  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/21/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

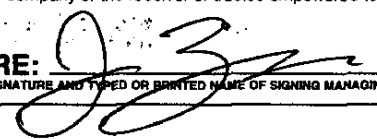
**Filing Fee is \$50.00  
 Due by May 1, 2004**

**DEF**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ZIMBARDI, JAMES NICHOLAS 1208 CELEBRATION AVE CELEBRATION, FL 34747</b> <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 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:  **James Zimbardi** DATE **4/21/04** DAYTIME PHONE # **407-566-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #