


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)

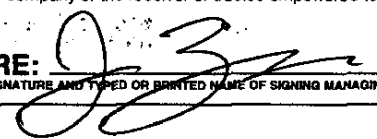
**Filing Fee is \$50.00
 Due by May 1, 2004**

DEF

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIMBARDI, JAMES NICHOLAS 1208 CELEBRATION AVE CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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 #