

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000685

FILED  
Jul 21, 2005  
Secretary of State

Entity Name: UNISYN MANAGEMENT LC.

## Current Principal Place of Business:

1200 S PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324

## New Principal Place of Business:

200 EAST BROWARD BLVD.  
SUITE 920  
FT. LAUDERDALE, FL 33301

## Current Mailing Address:

1200 S PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324

## New Mailing Address:

200 EAST BROWARD BLVD.  
SUITE 920  
FT. LAUDERDALE, FL 33301

FEI Number: 65-0895085      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

STEVEN A. SCIARRETTA, PA.  
2300 GLADES ROAD  
SUITE 302E  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHWEIGER, LARRY  
Address: 1200 S PINE ISLAND ROAD #300  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCHWEIGER, LARRY  
Address: 200 EAST BROWARD BLVD., SUITE 920  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LARRY B. SCHWEIGER

MGR

07/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date