2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR)				TIDIOSIE TILED		
DOCUMENT # M0000000922 1. Entity Name INERGI, L.L.C.				Feb 17, 2001 VISIOU Secretary of State	AM e	
Principal Place of Business		Mailing Address				
304 TEQUESTA DRIVE, SUITE 100 TEQUESTA FL 33469		304 TEQUESTA DRIVE, SUITE 100 TEQUESTA FL 33469			dhini lli surure	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)		
City & State		City & State		29 2261220	plied For	
Zip Country		Zip	Country	5. Certificate of Status Desired	litional	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name		
BERMAN, RONALD J 304 TEQUESTA DRIVE, SUITE 100				Street Address (P.O. Box Number is Not Acceptable)		
TEQUESTA	FL 33469					
			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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004						
9. MANAGING MEMBERS		S/MANAGERS	10.	ADDITIONS/CHANGES	*****	
STREET ADDRESS 304 TEC	THOMAS J UESTA DRIVE, SUITE 100 TA FL 33469	□ Delete	TITLE NAME STREET ADDRESS CITY -ST - ZIP	U0000004353 02/13/ 0 000157-005 100.0	☐ Addition	
STREET ADDRESS 304 TEC	, RONALD J UESTA DRIVE, SUITE 100 TA FL 33469	☐ Delete	HTLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change U00000055167 02/17/04-80026-004 100.0	Addition	
1	OSHUA UESTA DRIVE, SUITE 100 TA FL 33469	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

22-04-5617450TB
Date Daytime Phone # X103