


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000092906 1. Entity Name PULSE, LLC	
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Principal Place of Business 7108 FAIRWAY DRIVE, SUITE NO. 205 PALM BEACH GARDENS, FL 33418	Mailing Address 2 ATLANTIC AVENUE 6TH FLOOR BOSTON, MA 02110
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03082006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2047740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, IAN M
2385 EXECUTIVE CENTER DRIVE, SUITE NO. 190
BOCA RATON, FL 33431

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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 _____
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATHANSON, MICHAEL J 2 ATLANTIC AVENUE BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAIMONDI, PETER J III 2 ATLANTIC AVENUE BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADLER, STEPHEN T 2 ATLANTIC AVENUE BOSTON, MA 02110
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03/27/06-80006-024 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Michael J. Nathanson 3/13/06 617-723-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #