2003 LIMITED LIABILITY COMPANY

SIGNATURE: SULLYTHING TO THE THE TOTAL OF AUTHORIZED REPRESENTATIVE

<u>Ū</u>	NIFORM BUSINES	S REPORT	(UBR)	<u> </u>		003-90271-00 2003-90046-0				
DOCU 1. Entity Nam HEART OF			200	FILE		_				
	77.2.417 0.2.0		130		2003	AUG 14	PM 3:5	6		
·		Mailing Address			BYALIENIOF CORPORATIONS ALEAHASSEE FLORIDA					
160 ROYAL PAI Palm Beach F	FL 33480	223 SUNSET AVE SUITE 223 PALM BEACH FL 33480			1 1=411	Dr 20. 4600 2500 2500		trans rues Stille A	1111 (181 118 1	
2. Principal Place of Business		3. Mailing Address 340 Royal Palmway								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		Palm Beach, FL			4. FEI Num	ber 65-105 3	1490		oplied For of Applicable	
Zip	Country	Zip	Country USA		5. Certifica	te of Status Desire	ed 🛘	\$5.00 Ad Fee Require		
	6. Name and Address of Current Re		Name -		7. Name ar	d Address of Ne	w Registered	Agent		┨.
VALDES-FAULI CORPORATE SERVICES INC 777 S FLAGLER DR			Street Address (P.O. Box Number is Not Acceptable)							
	TE 500 EAST IT PALM BEACH FL 33401		 			 _				1
1400	IT TALIF DENOTT E SONOT		City				F	Zip Cod	e	1
	named entity submits this statement for thions of registered agent.	e purpose of changing its reg	istered office o	or registered	agent, or b	oth, in the State of	of Florida. I an	n familiar with,	and accept	1
SIGNATURE .	Signature, typed or printed name of registered agent and to	itle if spokcable. (NOTE: Re-	gistered Agent signal	ture required wh	en reinstäting)		DATE			}
<u></u>		Make Check Payable t	ill FEE IS 1 o Florida De optember 24,	partment	of State					
9.	MANAGING MEMBERS	/MANAGERS	10.			ADDITIO	NS/CHANGE			1_
NAME · STREET ADDRESS CITY-ST-ZIP	MEM MATAPEDIA LIMITED PARTNERSHII 223 SUNSET AVE PALM BEACH FL 33480	Delete .	NAME STREET ADDRESS CITY-ST-ZIP	340 8	rbegio	Limited Way	i suite	Change Stahip DI	☐ Addition	CR2E083 (4/03)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[2		"	-	☐ Change	Addition	
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indicated	certify that the information supplied with this on this report is true and accurate and that bility company or the receiver or trustee em	t my signature shall have the s	same legal effe	ct as if mad	le under oat	h; that I am a ma	es. I further ce naging memb	rtify that the in er or manager	formation of the	