2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90431 049 ****50.00

DOCUMENT# L01000011113

1. EntityName
PIPEREHABTECHNOLOGIESLLC

49021002

02162004 Chg-LLC CR2E083(10/03)

PrincipalPlaceofBusiness	MailingAddress
1925 BRICKELL AVENUE BRICKELL PLACE CONDOMINIUM, SUITE D-206 MIAMI, FL 33129	1925 BRICKELL AVENUE BRICKELL PLACE CONDOMINIUM, SUITE D-206 MIAMI, FL 33129
2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 65-0707118 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

BESU,ROGERP.A.
1925BRICKELLAVNEUE
BRICKELLPLACECONDOMINIUM,SUITED-206
MIAMI,FL33129

7. NameandAddressofNewRegisteredAgent

Name Miami Corporate Registry
StreetAddress (P.O.BoxNumberisNotAcceptable)
1925 Brickell Ave # D206
City Miami FL ZipCode 33129

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE [signature], President 3/8/04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR AYCART,ANDREINAF 1925BRICKELLAVE.,SUITED206 MIAMI,FL33129	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: [signature] 3/8/04 305 854 6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#