

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000022193 1. Entity Name HEARTBEAT OF THE CARIBBEAN, LLC	
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Principal Place of Business 7320 GRIFFIN RD #211 SUITE 211 DAVIE, FL 33314	Mailing Address 7320 GRIFFIN RD #211 SUITE 211 DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 54-2074126	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 CHARLTON, WINSOME 7320 GRIFFIN RD #211 DAVIE, FL 33314	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

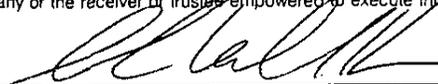
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	BLAIR, ANTHONY
STREET ADDRESS	7320 GRIFFIN RD #211
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	MGR
NAME	CHARLTON, WINSOME
STREET ADDRESS	7320 GRIFFIN RD #211
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000895926
04/24/08-80087-023 138.75

DO NOT WRITE
IN THIS SPACE

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:  4/17/08 954-321-0882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #