


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90045 040 ****50.00

DOCUMENT # L02000023553	
1. Entity Name BIOMEDICAL RESEARCH AND EDUCATION FOUNDATION, LLC	

Principal Place of Business 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140	Mailing Address 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140
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2. Principal Place of Business 6538 Collins Ave	3. Mailing Address 6538 Collins Ave
Suite, Apt. #, etc. #446	Suite, Apt. #, etc. #446
City & State Miami Beach FL	City & State Miami Beach FL
Zip 33141	Country USA

04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2291436	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GILLER, BRIAN JESQ 975 ARTHUR GODFREY ROAD, SUITE 610 PH-2 MIAMI BEACH, FL 33140	7. Name and Address of New Registered Agent Name BRIAN GILLER Street Address (P.O. Box Number is Not Acceptable) 975 ARTHUR GODFREY ROAD, SUITE 610 PH-2 City Miami Beach FL Zip Code 33140
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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.

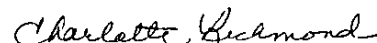
SIGNATURE  DATE 4/21/05

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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICHMOND, CHARLOTTE A PH.D. 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6538 Collins Ave #446 Miami Beach, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  21 April 2005

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