2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Apr 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-28-2008 90307 001 ***277.50 DOCUMENT # L03000029323 BESHEART, L.L.C. Principal Place of Business Mailing Address 30004880 3702 W KENNEDY BLVD PO BOX 24269 TAMPA, FL 33609 TAMPA, FL. 33623 04142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2213086 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIKES, JAMES R DO NOT WRITE 3702 W KENNEDY BLVD TAMPA, FL 33609 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME MIKES, JAMES R STREET ADDRESS 3702 W KENNEDY BLVD TAMPA, FL 33609 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

FILED

11. I hereby certify that the information supplied with this filling 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trusted employment to effect this report as required by Chapter 608, Florida Statutes.