


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90347 003 ****50.00

DOCUMENT # L03000040432	
1. Entity Name BEECEUTICALS LLC	

Principal Place of Business C/O HODGSON RUSS LLP 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431	Mailing Address C/O HODGSON RUSS LLP 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
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44031740



2. Principal Place of Business 401 SEVEN ISLES DR	3. Mailing Address 401 SEVEN ISLES DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242004 Chg-LLC CR2E083 (10/03)

City & State FT LAUDERDALE, FL	City & State FT LAUDERDALE, FL
Zip 33301	Country USA

4. FEI Number 20-0440490	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HRAWG CORP. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
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7. Name and Address of New Registered Agent	
Name RICHARD GERBER	
Street Address (P.O. Box Number is Not Acceptable)	
401 SEVEN ISLES DR	
City FT LAUDERDALE	Zip Code 33301

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 <i>Richard Gerber</i>	DATE 3/26/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MANAGING MEMBER RICHARD GERBER 401 SEVEN ISLES DR FT LAUDERDALE FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Richard Gerber</i>	RICHARD GERBER
	DATE 3/26/04
	Daytime Phone # 954-760-9996