2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # L03000040432 04-04-2005 90424 011 ****50.00 1. Entity Name **BEECEUTICALS LLC** Principal Place of Business Mailing Address 401 SEVEN ISLES DR. 401 SEVEN ISLES DR. FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address 2400 E LAS OLAS BLVD <u>2400 E LAS OLAS BLVD</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-LLC CR2E083 (10/03) # 167 # 167 City & State 4 FEI Number Applied For City & State FT. LAUDERDALE, FT. LAUDERDALE, 20-0440490 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 33301-1582 USA 33301-1582 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERBER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 401 SEVEN ISLES DR. FORT LAUDERDALE, FL 33301 Zip Code 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) DATE HYMLTHI Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE Change ■ Addition NAME GERBER, RICHARD NAME STREET ADDRESS 401 SEVEN ISLES DR. STREET ADORESS 2400 E LAS OLAS BLVD. #167 FT LAUDERDALE, FL 33301-1582 FORT-LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE MGR ☐ Change Addition NAME NAME JONCARLOS GUERRA STREET ADDRESS STREET ADDRESS 2400 E LAS OLAS BLVD. # 167 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33301-1582 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

RICHARD GERBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

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Dat

954-467-2337

FILED