## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000014242

101 NORTH RIVERSIDE DRIVE #206

City-St-Zip: POMPANO BEACH, FL 33062

Address:

Entity Name: BEAT THIS, L.L.C.

FILED Jan 14, 2009 Secretary of State

| Current Principal Place of Business:          |  |   | New Principal Place of Business:            |  |
|---|--|---|---|--|
| 101 NOR <sup>-</sup><br>#206                  | TH RIVERSIDE                           | DRIVE   |   |  |
| POMPANO BEACH, FL 33062                       |  |   |   |  |
| Current N                                     | /lailing Addres                        | s:  | New Mailing Address:                        |  |
|   | TH RIVERSIDE                           | DRIVE   |   |  |
| #206<br>POMPAN                                | O BEACH, FL                            | 33062   |   |  |
| FEI Number                                    | r: 20-0785746                          | FEI Number Applied For ( )                    | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: |  |   | Name and Address of New Registered Agent:   |  |
|   | RANK<br>MI LAKES DRIV<br>KES, FL 33014 |   |   |  |
|   | e named entity s<br>e of Florida.      | submits this statement for the                | purpose of changing its register            | ed office or registered agent, or both |
| SIGNATU                                       | RE:                                    |   |   |  |
|   | Electron                               | ic Signature of Registered Ag                 | ent   | Date                                   |
| MANAGING MEMBERS/MANAGERS:                    |  |   | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | BECK, FRANK                            | Delete<br>/ERSIDE DRIVE #206<br>ICH, FL 33062 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:                               | MGR ()<br>SULLIVAN, JOH                | Delete<br>IN                                  | Title:<br>Name:                             | ( ) Change ( ) Addition                |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN SULLIVAN MGR 01/14/2009