APR-21-2005 11:30 HAROLD ZÖREF, CPA

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Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90031 007 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016481

1. Entity Name
ANGELHEART, LLC

14005594

Principal Place of Business	Mailing Address
625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401	625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401

03102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
529 SOUTH FLAGLER DRIVE		529 SOUTH FLAGLER DRIVE	
Suite, Apt. #, etc. UNIT 30E - c/o SECORD		Suite, Apt. #, etc. UNIT 30E - c/o SECORD	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33401	Country USA	Zip 33401	Country USA

4. FEI Number 20-0880981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, FRANCIS X.J. ESQ
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name WILLIAM SECORD
Street Address (P.O. Box Number is Not Acceptable) 529 SOUTH FLAGLER DRIVE
UNIT # 30E
City WEST PALM BEACH FL Zip Code 33401

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] ✓
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER WILLIAM A. SECORD 529 SOUTH FLAGLER DRIVE - UNIT 30E WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER BRUCE BIERMAN 29 WEST 15TH STREET - #9 NEW YORK, NY 10011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ✓ [signature] ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #