

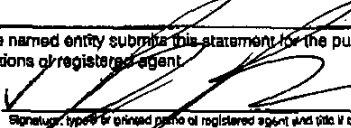
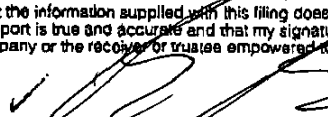
APR-21-2005 11:30

HAROLD ZUREF, CPA

FILED
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			
Principal Place of Business 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401		Mailing Address 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401	
2. Principal Place of Business 529 SOUTH FLAGLER DRIVE		3. Mailing Address 529 SOUTH FLAGLER DRIVE	
Suite, Apt. #, etc. UNIT 30E - c/o SECOND		Suite, Apt. #, etc. UNIT 30E - c/o SECOND	
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 SECOND 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 		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. SECOND 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	