2008 LIMITED LIABILITY COMPANY ANNUAL REPOR

DOCUMENT # L06000042371

BIOHEART FLORIDA LLC

FILED Apr 04, 2008 08:00 A Secretary of State

Principal Place of Business

111 N.E. 1ST STREET, 4TH FLOOR MIAMI, FL 33132

Mairing Address

111 N.E. 1ST STREET, 4TH FLOOR MIAMI, FL 33132



03032008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FÉI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

BAROUH, ALBERTO 13165 S.W. 142ND TERRACE MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of char the obligations of registered agent	nging its registered office or registered agent, or bi	oth, in the State of Florida. I am familiar with, and accept
the obligations of registered agent		
		<u> ციტრიიტულო</u>
SIGNATURE		U00000882057
SIGNATURE		- 04/18/08-20025-025-143-75
Signature, typed or original name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	U47 107 U0TOURGS U25 145, (5

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM QUIROS, ARIEL I 19TH GRAND BAY ESTATES CIRCLE KEY BISCAYNE, FL 331491929	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DO IN T
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
NAME STREET ADDRESS : CITY-ST-ZIP		

NOT WRITE **THIS SPACE**

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and final 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.1.08

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