2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# L99000002953

Entity Name: BEELINE UTILITIES, LLC

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0929640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

S & K PROPERTY MANAGEMENT, INC.
150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

S & K PROPERTY MANAGEMENT, LLC
150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES, FL 33134 US

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.

SIGNATURE: LIDIA CARTAYA 04/18/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MED-PARK U.S.A.,
Address: 150 ALHAMBRA CIRCLE SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CARTAYA, LIDIA
Address: 150 ALHAMBRA CIRCLE SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Change (X) Addition
Name: KUCZURBA, DIRK
Address: 150 ALHAMBRA CIRCLE, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LIDIA CARTAYA MGR 04/18/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date