

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000131

Entity Name: CARDIOCOM, LLC

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

1260 PARK RD.
CHANHASSEN, MN 55317

New Principal Place of Business:

Current Mailing Address:

1260 PARK RD.
CHANHASSEN, MN 55317

New Mailing Address:

FEI Number: 41-1929175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSENTINO, LOUIS
170 CELESTIAL WAY, UNIT 4-4
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: COSENTINO, DANIEL
Address: 1260 PARK RD.
City-St-Zip: CHANHASSEN, MN 55317

Title: MGR () Delete
Name: REISS, JUDITH
Address: 170 CELESTAL WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: COSENTINO, LOUIS
Address: 170 CELESTIAL WAY
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL L. COSENTINO

PRES

05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date