## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## **FILED** May 27, 2008 08:00 AN Secretary of State DOCUMENT # M01000000131 1. Entity Name CARDIOCOM, LLC Principal Place of Business Mailing Address 7980 CENTURY BLVD 7980 CENTURY BLVD CHANHASSEN MN 55317 CHANHASSEN MN 55317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 41-1929175 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COSENTINO, LOUIS Street Address (P.O. Box Number is Not Acceptable) 170 CELESTIAL WAY, UNIT 4-4 JUNO BEACH FL 33408 City Zip Code 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, typed an or mediname of registered agent and title if applicable (NOTE: Rehistered Adam's dijalure red med when rematation) FILE NOW!!! FEE IS \$138.75 U00000952485 After May 1, 2008; Fee Will Be \$538.75 06/04/08-80080-020 138.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Addition ☐ Change COSENTINO, DANIEL NAME NAME STREET ADDRESS 7980 CENTURY BLVD STREET ADDRESS CITY-ST-ZIP CHANHASSEN MN 55317 CITY-ST-ZiP MILE MGR ☐ Delete THILE Change Addition REISS, JUDITH NAME NAME STREET ADDRESS 7980 CENTURY BLVD STREET ADDRESS CITY-ST-ZIP CHANHASSEN MN 55317 CITY-ST-ZP THILE Delete TITLE ☐ Change ☐ Addition NAME COSENTINO, LOUIS NAME STREET ADDRESS STREET ADDRESS 7980 CENTURY BLVD CITY-ST-7IP CHANHASSEN MN 55317 CITY-ST-ZiP TITLE MGR ☐ Detete TITLE Change Addition RUPPERT, CHRISTINE E ACCOUNT NAME NAME 7980 CENTURY BLVD STREET ADDRESS STREET ADDRESS CHANHASSEN MN 55317 GITY-ST-ZIP CITY-ST-ZIP T:TLE Delete TITLE ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST- ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119. Florida Statutes | 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.

LUMIS C. Cusentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-888-543-88-81