2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005
Secretary of State

DOCUMENT# M03000000911

Entity Name: HEARTBEATS AT HOME LLC

Current Principal Place of Business:

246 OSPREY LAKES CIRCLE
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

246 OSPREY LAKES CIRCLE
CHULUOTA, FL 32766

New Mailing Address:

FEI Number: 36-4514112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAGUSA, LEONARD C II
3242 PAISLEY CIRCLE
ORLANDO, FL 32817 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/MANAGERS:

Title: MGRM ( ) Delete
Name: MELNICK, JEFF
Address: 14402 STAMFORD CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: MGRM ( ) Delete
Name: MELNICK, KIM
Address: 14402 STAMFORD CIRCLE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MELNICK, JEFF
Address: 246 OSPREY LAKES CIRCLE
City-St-Zip: CHULUOTA, FL 32766

Title: MGRM (X) Change ( ) Addition
Name: MELNICK, KIM
Address: 246 OSPREY LAKES CIRCLE
City-St-Zip: CHULUOTA, FL 32766

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: JEFF MELNICK MGRM 07/14/2005

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