


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90039 046 *****50.00

DOCUMENT # L03000052282

1. Entity Name
LASER PARTNER, JZ, LLC



Principal Place of Business
**720 PELICAN POINT COVE
 BOCA RATON, FL 33431 US**

Mailing Address
**720 PELICAN POINT COVE
 BOCA RATON, FL 33431 US**



2. Principal Place of Business - No P.O. Box #
2200 W. COMMERCIAL BLVD

3. Mailing Address
2200 W. COMMERCIAL BLVD

Suite, Apt. #, etc.
SUITE 208B

04102007 Chg-LLC CR2E083 (12/06)

City & State
FL. LAUDERDALE, FL

City & State
FL. LAUDERDALE FL

Zip
33309

Country
U.S.A.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZIMMERMAN, JORDAN
 2200 W. COMMERCIAL BLVD., 3RD FLOOR
 FT. LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
JORDAN ZIMMERMAN

Street Address (P.O. Box Number is Not Acceptable)
2200 W. COMMERCIAL BLVD

SUITE 208B

City
FL. LAUDERDALE, FL

Zip Code
33309

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 Jordan Zimmerman MGRM DATE 4/10/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZIMMERMAN, JORDAN 2200 W. COMMERCIAL BLVD., 3RD FLOOR FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jordan Zimmerman 2200 W. COMMERCIAL BLVD, #208B FL. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: Jordan Zimmerman, MGRM 4/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #