2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Apr 30, 2008 08:0	
DOCU	MENT # L0300005	52282		[*] S	Secretary of Sta
1. Entity Name LASER PARTNER, JZ, LLC					•
LASEK P	ARTNER, JZ, LLC				
Principal Plac	ce of Business	Mailing Address			
	COMMERCIAL BLVD	2200 WEST COMMERCIAL BLVD			
SUITE 208B FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33309			US		
				! (AB(18) B) BS(88 (()) BB() BB() 88)	38181 81115 11818 11884 18115 118581 111 1831
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	O NOT WRIT	E IN THIS SPAC	E	4. FEI Number	Applied For
		Managar of the later of the lat		NOT APPLICABLE	Not Applicable
	The state of the s		and the first of t	5. Certificate of Status Desired	55.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	the state of the s	committee and the many to the first the first of the first	
ZIMMERMAN, JORDAN			of the man of the say	DO NOT W	DITE
2200 W. COMMERCIAL BLVD.			是非代的語		
SUITE 208B FT. LAUDERDALE, FL 33309			in the state of th	IN THIS SP	ACE
. '	/		anight realists	The state of the s	are in the state of the state o
8. The above	named entity submis this statemen	t for the purpose of changing its registere	<u>ಾರ್ಡಿಸಿದ್ದಾರೆ ಅಲ್ಲಿಸಿಕೆಗೆ</u> d office or registere	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
	tions of registered agent.	Tal 7		1	1-1-0
SIGNATURE.	Signature, typed or printed name of registeres ag	SOKORN Zimmely	MWW, MC	most 4	123/08
· · · · · · · · · · · · · · · · · · ·	organists, typed or printed matter or registerings ag	Citation appropriate (1901). Together	Agont algoritors required	Production and Community (
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000935858 05/23/08-80088-016 138.75		
9.		BERS/MANAGERS	parter grant met ac	Catalog algorithms of	The Same of the sa
TITLE NAME	MGRM ZIMMERMAN, JORDAN		ર જ તું. કે બીજી કરાય કરે છે. જે કે		The state of the s
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11. I hereby certify that the information supplied with this filling 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 redeiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP

NOTE 4/23/03

✓ Daytime Phone #