

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126625

FILED
Apr 29, 2008
Secretary of State

Entity Name: DEVICE MASTER, LLC

Current Principal Place of Business:

1001 AVOCADO ISLE
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

1001 AVOCADO ISLE
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

FEI Number: 26-1613633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNITT, DREW M.D.
1001 AVOCADO ISLE
FORT LAUDERDALE, FL 33315 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. () Change (X) Addition
Name: SCHNITT, DREW E
Address: 1001 AVOCADO ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MR. () Change (X) Addition
Name: PHELPS, ALAN
Address: 127 NW 13TH ST SUITE 4
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DREW SCHNITT

DR.

04/29/2008

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