

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000787

FILED
Apr 27, 2004
Secretary of State

Entity Name: LAP OF AMERICA LASER APPLICATIONS, L.C.

Current Principal Place of Business:

1755 AVENIDA DEL SOL
BOCA RATON, FL 33432

New Principal Place of Business:

1701 AVENIDA DEL SOL
BOCA RATON, FL 33432

Current Mailing Address:

1755 AVENIDA DEL SOL
BOCA RATON, FL 33432

New Mailing Address:

1701 AVENIDA DEL SOL
BOCA RATON, FL 33432

FEI Number: 65-0693096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN ARKEL, PIETER
1755 AVENIDA DEL SOL
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

VAN ARKEL, PIETER
1701 AVENIDA DEL SOL
BOCA RATON, FL 33432 US

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:

04/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROECKSEISEN, ARMIN DR.
Address: ZEPPELINSTRASSE 23, 21337 LUENEBURG
City-St-Zip: FEDERAL REPUBLIC OF GERMANY,

Title: P () Delete
Name: VAN ARKEL, PIETER
Address: 1755 AVENIDA DEL SOL
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: VAN ARKEL, PIETER
Address: 1701 AVENIDA DEL SOL
City-St-Zip: BOCA RATON, FL 33432

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: PIETER VAN ARKEL

MGRM

04/27/2004

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