

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075793

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: LEXINGTON LASERCOMB TECHNOLOGIES LLC

**Current Principal Place of Business:**

16281 VIA VENETIA EAST  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

16281 VIA VENETIA EAST  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 20-3244773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

DAVID, MICHAELS  
2650 N MILITRAY TRAIL  
360  
BOCA RATON, FL 33431 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: DAVID MICHAELS

04/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MICHAELS, DAVID  
Address: 16281 VIA VENETIA EAST  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR ( ) Delete  
Name: PEARL, HENRY  
Address: 16281 VIA VENETIA EAST  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID MICHAELS

MR

04/09/2006

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