

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90010 002 ****50.00

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DOCUMENT # L02000010023													
1. Entity Name LASER ELECTRONICS, L.L.C.													
Principal Place of Business 151 S.E. 15 RD., STE. C-1 MIAMI, FL 33129			Mailing Address 151 S.E. 15 RD., STE. C-1 MIAMI, FL 33129										
2. Principal Place of Business 11771 W. Atlantic Blvd		3. Mailing Address 11771 W Atlantic Blvd											
Suite, Apt. #, etc. 32		Suite, Apt. #, etc. 32		04122006 Chg-LLC CR2E083 (11/05)									
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 51-0424162									
Zip 33071		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent HOCHNADEL, LUIS 151 S.E. 15 RD., STE. C-1 MIAMI, FL 33129			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name HOCHNADEL, LUIS</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 11771 W. Atlantic Blvd.#32</td> </tr> <tr> <td style="padding: 2px;">City Coral Springs</td> <td style="padding: 2px;">FL Zip Code 33071</td> </tr> </table>			Name HOCHNADEL, LUIS		Street Address (P.O. Box Number is Not Acceptable) 11771 W. Atlantic Blvd.#32		City Coral Springs	FL Zip Code 33071		
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Street Address (P.O. Box Number is Not Acceptable) 11771 W. Atlantic Blvd.#32													
City Coral Springs	FL Zip Code 33071												
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOCHNADEL, LUIS 3900 NW 79TH AVE STE 410 MIAMI, FL 33166	<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOCHNADEL, LUIS 11771 W Atlantic Blvd.#32 Coral Springs, FL 33071	<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.													
<table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE: </td> <td style="width:30%; text-align: center;">MANAGER, Luis HOCHNADEL</td> <td style="width:20%; text-align: center;">4/15/06</td> <td style="width:20%; text-align: center;">954 254 5697</td> </tr> <tr> <td colspan="4" style="font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</td> </tr> </table>						SIGNATURE:	MANAGER, Luis HOCHNADEL	4/15/06	954 254 5697	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			
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