

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000011231

**FILED**  
**May 28, 2009**  
**Secretary of State****Entity Name:** LASER PHOTONICS, LLC**Current Principal Place of Business:**400 RINEHART ROAD  
LAKE MARY, FL 32746**New Principal Place of Business:****Current Mailing Address:**400 RINEHART ROAD  
LAKE MARY, FL 32746**New Mailing Address:****FEI Number:** 51-0579817**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FONON TECHNOLOGY INTERNATIONAL, INC  
400 RINEHART ROAD  
LAKE MARY, FL 32746 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:** MGRM ( ) Delete  
**Name:** ADVANCED SOLAR PHOTONICS, LLC  
**Address:** 400 RINEHART ROAD  
**City-St-Zip:** LAKE MARY, FL 32746**Title:** MGRM (X) Delete  
**Name:** FONON TECHNOLOGY INTERNATIONAL INC  
**Address:** 400 RINEHART ROAD  
**City-St-Zip:** LAKE MARY, FL 32746**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** FONON TECHNOLOGY INTERNATIONAL INC  
**Address:** 400 RINEHART ROAD  
**City-St-Zip:** LAKE MARY, FL 32746**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: DEMITRI NIKITIN

MGRM

05/28/2009

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