


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**  
**RECEIVED JAN 10 2005**

<b>DOCUMENT # L03000002726</b> 1. Entity Name DEKA LASER TECHNOLOGIES, LLC	
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Principal Place of Business 4101 RAVENSWOOD ROAD SUITE #109 FORT LAUDERDALE, FL 33312-5371 US	Mailing Address 4101 RAVENSWOOD ROAD SUITE #109 FORT LAUDERDALE, FL 33312-5371 US
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01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 82-0588374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  FEINSTEIN, MICHAEL L ESQ 888 EAST LAS OLAS BLVD., STE. 700 FORT LAUDERDALE, FL 33301
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JUSTEN, CHRISTOPH M 4101 RAVENSWOOD RD #109 FORT LAUDERDALE, FL 333125371
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05/02/05-80085-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE: X** *Abigail Tidon* **X** 4/28/05 954 585 6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #