


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90049 023 \*\*\*\*50.00

<b>DOCUMENT # L03000002726</b> 1. Entity Name <b>DEKA LASER TECHNOLOGIES, LLC</b>			
Principal Place of Business <b>4101 RAVENSWOOD ROAD SUITE #109 FORT LAUDERDALE, FL 33312-5371 US</b>		Mailing Address <b>4101 RAVENSWOOD ROAD SUITE #109 FORT LAUDERDALE, FL 33312-5371 US</b>	
2. Principal Place of Business <b>4101 Ravenswood Road</b>		3. Mailing Address <b>4101 Ravenswood Road</b>	
Suite, Apt. #, etc. <b>Suite # 320</b>		Suite, Apt. #, etc. <b>Suite # 320</b>	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33312-5354</b>		Zip <b>33312-5354</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <b>82-0588374</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FEINSTEIN, MICHAEL L ESQ 888 EAST LAS OLAS BLVD., STE. 700 FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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	<b>MGR JUSTEN, CHRISTOPH M 4101 RAVENSWOOD RD #109 FORT LAUDERDALE, FL 333125371</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JUSTEN, CHRISTOPH M 4101 Ravenswood Road #320 Fort Lauderdale, FL 33312-5354</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE <b>X</b> <i>Christoph Justen</i> (CHRISTOPH JUSTEN)		Date <b>1/17/2006</b> Daytime Phone # <b>954 585 6000</b>	