2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000002726

1. Entity Name

DEKÁ LASER TECHNOLOGIES, LLC

FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

4101 RAVENSWOOD ROAD

SUITE 320

FORT LAUDERDALE, FL 33312-5354 US

Mailing Address

4101 RAVENSWOOD ROAD

SUITE 320

FORT LAUDERDALE, FL 33312-5354 US



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 82-0588374

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FEINSTEIN, MICHAEL L ESQ 888 EAST LAS OLAS BLVD., STE. 700 FORT LAUDERDALE, FL 33301

SIGNATURE AND TYPED OR PRINTED

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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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUSTEN, CHRISTOPH M 4101 RAVENSWOOD RD SUITE 320 FORT LAUDERDALE, FL 333125354	U00000827747 02/22/08-80002-022 138.75
TITLE NAME STREET ADORESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
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 reservoir or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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