FILED
Jun 09, 2004 8:00 am
Secretary of State

04-30-2004 90061 034 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008027

1. Entity Name
LAZERASE, LLC

Principal Place of Business	Mailing Address
520 CROWN OAK CENTRE LONGWOOD, FL 32750	520 CROWN OAK CENTRE LONGWOOD, FL 32750

01052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
610 Jasmine Rd	610 Jasmine Rd
Suite, Apt. #, etc.: Suite 1010	Suite, Apt. #, etc.: Suite 1010
City & State: Altamonte Springs Fl	City & State: Altamonte Springs Fl
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. FEI Number: 59-3073568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKS, J.W. 520 CROWN OAK CENTRE LONGWOOD, FL 32750	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Murray, Roger Y. 610 Jasmine Rd Suite 1010 Altamonte Springs Fl 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ____________ 3/16/04 407 331 4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #