

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009980

**FILED**  
**Jan 11, 2008**  
**Secretary of State**

**Entity Name:** SURGICAM TECHNOLOGIES, LLC

**Current Principal Place of Business:**

4687 TUSCANA DR.  
SARASOTA, FL 34241

**New Principal Place of Business:**

12551 INDIAN ROCKS RD  
STE 14  
LARGO, FL 33774

**Current Mailing Address:**

4687 TUSCANA DR.  
SARASOTA, FL 34241

**New Mailing Address:**

12551 INDIAN ROCKS RD  
STE 14  
LARGO, FL 33774

FEI Number: 20-8328682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWMAN, DAVID G JR.  
2750 RINGLING BLVD., SUITE 3  
SARASOTA, FL US

**Name and Address of New Registered Agent:**

BRANDT, ERICH  
19823 GULF BLVD  
#40  
INDIAN SHORES, FL 33785 US

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: ERICH BRANDT

01/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: BRANDT, ERICH B  
Address: 19823 GULF BLVD #40  
City-St-Zip: INDIAN SHORES, FL 33785

Title: SEC ( ) Change (X) Addition  
Name: GARCIA, NELSON  
Address: 701 S MADISON ST #302  
City-St-Zip: CLEARWATER, FL 33756

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: ERICH BRANDT

PRES

01/11/2008

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