


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 28 AM 8:45	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>LASERART GROUP, LLC</b> <del>1544 PALMWOOD DR.</del> <del>SARASOTA FL 34232</del>		DOCUMENT # 198000001607			
2. Principal Place of Business <b>219 Keel Way</b> Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		1a. Principal Place of Business Address <del>1544 PALMWOOD DR.</del> <del>SARASOTA FL 34232</del>	
City & State <b>OSPREY, FL</b>		City & State		3. Date Organized or Qualified <b>08/26/1998</b>	
Zip <b>34229</b>		Country <b>US</b>		4. FEI Number <b>65-0859367</b>	
5. Date of Last Report <b>N/A</b>		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		3a. State of Formation <b>FL</b>	
7. Name and Address of Current Registered Agent <b>MCGREW, LISA L</b> <del>1544 PALMWOOD DR.</del> <del>SARASOTA FL 34232</del>		8. Name and Address of New Registered Agent/Office Name <b>MCGREW, Lisa L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>219 Keel Way</b> Suite, Apt. #, etc. City <b>OSPREY</b> Zip Code <b>FL 34229</b>			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Lisa L. McGrew</i> <small>(Registered Agent Accepting Appointment)</small>		REGISTERED AGENT SIGNATURE (Required when reinstating)		DATE <b>4-26-99</b>	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MCGREW, LISA L	<del>1544 PALMWOOD DR.</del> <b>219 Keel Way</b>		<del>SARASOTA FL</del> <b>OSPREY, FL 34229</b>	
600002870336--5 -05/11/93--01005--020 ****188.75 ****188.75					
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Lisa L. McGrew</i>		4-26-99		941 966-4245	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					