2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2007 8:00 am Secretary of State 05-11-2007 90193 008 ****50.00

DOCUMENT # M06000001875 1. Entity Name LASER BUSINESS SOLUTIONS, LLC						03-11-2007			30.00
Principal Plac	e of Business	Mailing Address			60050865				
7878 PLAYA RIENTA WAY		7878 PLAYA RIENTA WAY				0000			
DELRAY BEACH, FL 33446		DELRAY BEACH, FL 33446							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State		4. FEI Numb	195 4602			oplied For	
Zip	Country	Zip Country		ıy		of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current	L Registered Agent	<u> Т</u>	<u>.</u>	7. Name and	Address of New R			
				Name					
WEISMAN	I, ERIC YA RIENTA WAY		-	Street Address (P.O. Box Numb	er is Not Acceptable	<u> </u>		
,	BEACH, FL 33446	Street Address				er is that Acceptable	<i>,</i>		
	•								
				City			FL	Zip Cod	е
8. The above the obligat	named entity submits this statement for ions of registered agent.	d office or register	ed agent, or bo	oth, in the State of Flo		 amiliar with,	and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typeo or printed raine or registered agen	and the if applicable. (NOTE:	:: Hegislered	Agent signature required	when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2007						e check pa Departme	ayable to ent of Stat	e
9.	MANAGING MEMBI		10.			ADDITIONS/	CHANGES		
NAME	MGRM LASER PARTNERS GP. LLC	☐ Delete	TITLE					Change	Addition
STREET ADDRESS	7878 PLAYA RIENTA WAY			T ADDRESS					
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	I				☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ (Celete	TITLE					☐ Change	☐ Addition
NAME			NAME	1				_ ,	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	I ADDRESS					
TITLE	<u> </u>	□ Delete	TITLE	31-24					
NAME		C Delete	NAME					☐ Change	Addition
STREET ADDRESS			STREET	T ADDRESS					
CITY-ST-ZIP			CITY-5	ST-2IP					
TITLE NAME		☐ Delete	TITLE NAME	1				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP			CITY-S	T ADORESS 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 receiver or trustee empowered to execute this poort as required by Chapter 608, Florida Statutes.									
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, WANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description Proof of									