

FILED
Mar 13, 2002 8:00 am
Secretary of State

02-05-2002 90097 027 *****5.00
03-13-2002 90095 012 *****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019463

1. Entity Name
TOUCH INVESTMENTS, LLC

Principal Place of Business Mailing Address
 19510 N.E. 17TH AVENUE 19510 N.E. 17TH AVENUE
 MIAMI FL 33179 MIAMI FL 33179

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1151973 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	
GRISALES & ALFANO, LLC 899 BRICKELL AVENUE, SUITE 700 MIAMI FL 33131		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOBERMAN, PABLO 19510 N.E. 17TH AVENUE MIAMI FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOBERMAN, CARINA 19510 N.E. 17TH AVENUE MIAMI FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 609, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Date: 1/9/02 Daytona Phone #: (305) 717-3496



DO NOT WRITE IN THIS SPACE

CR2E083 (8/01)