

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019463

FILED
Jul 01, 2005
Secretary of State

Entity Name: TOUCH INVESTMENTS, LLC

Current Principal Place of Business:

19510 N.E. 17TH AVENUE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

19510 N.E. 17TH AVENUE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 65-1151973 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOBERMAN, PABLO
19510 NE 17TH AVE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MTRM () Delete
Name: BAY HARBOUR INTERNAT, IONAL SERVICES LTD.
Address: 19510 N.E. 17TH AVENUE
City-St-Zip: MIAMI, FL 33179

Title: TR () Delete
Name: HOBERMAN, PABLO
Address: 19510 NE 17 AVE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: BAY HARBOUR INTERNAT, IONAL SERVICES LTD.
Address: 19510 N.E. 17TH AVENUE
City-St-Zip: MIAMI, FL 33179

Title: MGMR (X) Change () Addition
Name: HOBERMAN, PABLO
Address: 19510 NE 17 AVE
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PABLO HOBERMAN

MGMR

07/01/2005

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