

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000015163  
 1. Entity Name  
 INTERNATIONAL TOUCH INVESTMENTS I, LLC



Principal Place of Business      Mailing Address  
 1835 NE MIAMI GARDENS DRIVE      1835 NE MIAMI GARDENS DRIVE  
 STE 129      STE 129  
 NORTH MIAMI BEACH, FL 33179 US      NORTH MIAMI BEACH, FL 33179 US



**DO NOT WRITE IN THIS SPACE**

01302008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 82-0550678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOBERMAN, PABLO  
 1835 NE MIAMI GARDENS DRIVE  
 STE 129  
 NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOBERMAN, PABLO 1835 NE MIAMI GARDENS DRIVE STE 129 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOBERMAN, CARINA 1835 NE MIAMI GARDENS DRIVE STE 129 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000812890  
 02/12/08-80067-005 138.75

**DO NOT WRITE IN THIS SPACE**

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 report as required by Chapter 608, Florida Statutes.

SIGNATURE: PABLO HOBERMAN / MGRM      Date: 1/29/08      Daytime Phone #: 786 393 8609