

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015995

FILED  
Jun 30, 2004  
Secretary of State

**Entity Name:** TOUCH POINT CENTERS INTERNATIONAL LLC

**Current Principal Place of Business:**

444 BRICKELL AVE  
200  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVE  
200  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 76-0701846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SISKA, PAUL  
5333 COLLINS AVENUE  
1108  
MIAMI, FL 33140 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PUCKETT, DENNIS  
Address: 6171 FOREST HILLS DR  
City-St-Zip: NORCROSS, GA 30092

Title: MGRM ( ) Delete  
Name: SISKA, PAUL  
Address: 5333 COLLINS AVENUE  
City-St-Zip: MIAMI, FL 33140

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL SISKA

MGMR

06/30/2004

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