


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90283 033 \*\*\*\*50.00

<b>DOCUMENT # L02000022253</b> 1. Entity Name <b>REAL TOUCH INVESTMENTS L.L.C.</b>	
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Principal Place of Business <b>19510 N.E. 17TH AVE. MIAMI, FL 33179</b>	Mailing Address <b>19510 N.E. 17TH AVE. MIAMI, FL 33179</b>
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04102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>51-0425138</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>HOBERMAN, PABLO 19510 N.E. 17TH AVE. MIAMI, FL 33179</b>
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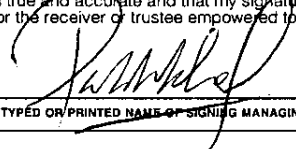
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HOBERMAN, PABLO 19510 N.E. 17TH AVE. MIAMI, FL 33179</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HOBERMAN, CARINA 19510 N.E. 17TH AVE. MIAMI, FL 33179</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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.
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<b>SIGNATURE:</b> 	<b>4/10/04</b>	<b>786-393-8609</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #