

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004**  
**Secretary of State**

DOCUMENT# L02000026340

**Entity Name:** TOUCHING LIVES, LLC

**Current Principal Place of Business:**

9821 WATERS MEET DRIVE  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

3580 S. OCEANSHORE BLVD  
706  
FLAGLER BEACH, FL 32136 US

**Current Mailing Address:**

9821 WATERS MEET DRIVE  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

3580 S. OCEANSHORE BLVD  
706  
FLAGLER BEACH, FL 32136 US

FEI Number: 13-4214480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANSMAN-SPICE, KATHRYN  
9821 WATERS MEET DRIVE  
TALLAHASSEE, FL 32312 US

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

HANSMAN-SPICE, KATHRYN  
3580 S. OCEANSHORE BLVD  
706  
FLAGLER BEACH, FL 32136 US

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:

04/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HANSMAN-SPICE, KATHRYN  
Address: 9821 WATERS MEET DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HANSMAN-SPICE, KATHRYN  
Address: 3580 S. OCEANSHORE BLVD #706  
City-St-Zip: FLAGLER BEACH, FL 32136

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: KATHRYN HANSMAN-SPICE

MGR

04/20/2004

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