

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006139

Entity Name: GOLDEN TOUCH III, L.L.C.

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

4724 WINGROVE BLVD.
ORLANDO, FL 32819

New Principal Place of Business:

851 S SR 434
1091
ORLANDO, FL 32714

Current Mailing Address:

2453 S. HIAWASSEE RD
ORLANDO, FL 32835

New Mailing Address:

8641 ST MARINO BLVD
ORLANDO, FL 32836

FEI Number: 32-0062003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATHOO, HARENDRA K
4724 WINGROVE BLVD.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

NATHOO, HARENDRA K
8641 ST MARINO BLVD
ORLANDO, FL 32836 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: HN

03/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NATHOO, HARENDRAKUMAR
Address: 4724 WINGROVE BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: NATHOO, ALKA
Address: 4724 WINGROVE BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NATHOO, HARENDRAKUMAR
Address: 8641 ST MARINO BLVD
City-St-Zip: ORLANDO, FL 32836

Title: MGRM (X) Change () Addition
Name: NATHOO, ALKA
Address: 8641 ST MARINO BLVD
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HN

DIR

03/14/2007

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