

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000038399**

**1. Entity Name**  
**RS GOLDEN TOUCH, LLC**



**Principal Place of Business**  
**10690 STONEBRIDGE BLVD.**  
**BOCA RATON, FL 33498**

**Mailing Address**  
**10690 STONEBRIDGE BLVD.**  
**BOCA RATON, FL 33498**



07282008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GORDON, HOWARD W ESQ**  
**100 S.E. 2ND ST., 17TH FLOOR**  
**MIAMI, FL 33131**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>SCHOLSOHN, RICH</b>
<b>STREET ADDRESS</b>	<b>10690 STONEBRIDGE BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33498</b>
<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>SCHOLSOHN, SUSAN S</b>
<b>STREET ADDRESS</b>	<b>10690 STONEBRIDGE BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON, FL 33498</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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08/01/06-80001-010 50.00

**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 606, Florida Statutes.**

**SIGNATURE:**

7/28/06

561-870-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

City/State Phone #