2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042045

FILED
Jul 19, 2007
Secretary of State

Entity Name: A TOUCH OF SEASONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
515 E PARK AVENUE TALLAHASSEE, FL 32301	6679 NEWPORT LAKE CIRCLE BOCA RATON, FL 33496

Current Mailing Address:	**New Mailing Address:**
515 E PARK AVENUE TALLAHASSEE, FL 32301	6679 NEWPORT LAKE CIRCLE BOCA RATON, FL 33496

FEI Number: 20-0399113   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301 US	WEINER, BARBARA 6679 NEWPORT LAKE CIRCLE BOCA RATON, FL 33496 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: BARBARA WEINER   07/19/2007

_____Electronic Signature of Registered Agent_____   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	DWORK-WEINER, BARBARA	Name:	
Address:	6679 NEWPORT LAKE CIRCLE	Address:	
City-St-Zip:	BOCA RATON, FL 33496	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA WEINER   MBR   07/19/2007

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