

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060573

Entity Name: SHIMADAI'S TOUCH, LLC

FILED  
Jun 06, 2005  
Secretary of State

**Current Principal Place of Business:**

789 NW 103RD TERR #7-101  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

789 NW 103RD TERR #7-101  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 20-1498036      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:**

DESMOND, DEPASS O III  
709 NW 103RD TERRACE  
9-103  
PEMBROKE PINES, FL 33026 US

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

DESMOND, DEPASS  
789 NW 103RD TERRACE  
7-101  
PEMBROKE PINES, FL 33026 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: DESMOND O. DEPASS

06/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DESMOND, DEPASS O  
Address: 709 NW 103RD TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DESMOND, DEPASS O  
Address: 789 NW 103RD TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: DESMOND O. DEPASS

MGR

06/06/2005

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