

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060481

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: ET TOUCH, LLC

## Current Principal Place of Business:

6491 SUNSET STRIP  
UNIT 6  
SUNRISE, FL 33313 US

## New Principal Place of Business:

1711 SW 106 TER  
DAVIE, FL 33324 US

## Current Mailing Address:

6491 SUNSET STRIP  
UNIT 6  
SUNRISE, FL 33313 US

## New Mailing Address:

1711 SW 106 TER  
DAVIE, FL 33324 US

FEI Number: 65-0235284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALIMA, TAMIR N  
6491 SUNSET STRIP  
UNIT 6  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

PEER, AVRAHAM  
1711 SW 106 TER  
DAVIE, FL 33324 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: AVRAHAM PEER

03/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ALIMA, TAMIR N  
Address: 6491 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313 US

Title: MGRM (X) Delete  
Name: PEER, AVRAHAM  
Address: 6491 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PEER, AVRAHAM  
Address: 1711 SW 106 TER  
City-St-Zip: DAVIE, FL 33324 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AVRAHAM PEER

MMBR

03/23/2007

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