


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000066081	
1. Entity Name A MAGIC TOUCH L.L.C.	

Principal Place of Business 182 OSPREY LANE FLAGLER BEACH FL 32136	Mailing Address P.O. BOX 1123 FLAGLER BEACH FL 32136
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2. Principal Place of Business - No P.O. Box # 182 Osprey Ln.	3. Mailing Address P.O. Box 1123
Suite, Apt. #, etc. Flagler Beach, FL	Suite, Apt. #, etc. Flagler Beach, FL
City & State	City & State

1st MOORE CR2E083 (10/06)

Zip 32136	Country Flagler	Zip 32136	Country Flagler
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4. FEI Number 56-2524007	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYLAN, VERNA 182 OSPREY LANE FLAGLER BEACH FL 32136	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Verna L. Boylan Mgr. Verna R. Boylan Mgr. 4-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYLAN, VERNA 182 OSPREY LN FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: Verna L. Boylan Mgr. Verna L. Boylan 4-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

386-212-9397