2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000004944

Entity Name: HEALING TOUCH PROPERTIES, LLC

Current Principal Place of Business:

557 OSCEOLA AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

557 OSCEOLA AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAATZ, ROBERT J
557 OSCEOLA AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FRAATZ, CONSTANCE G
Address: 557 OSCEOLA AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRAATZ, CONSTANCE G DOM
Address: 557 OSCEOLA AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR ( ) Change (X) Addition
Name: FRAATZ, ROBERT J PH.D.
Address: 557 OSCEOLA AVE
City-St-Zip: WINTER PARK, FL 32789

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: ROBERT FRAATZ MGR 04/30/2007

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