2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# L06000047154

Entity Name: A PERSONAL TOUCH PROPERTY MANAGEMENT SERVICES LLC

Current Principal Place of Business:

969 SE FEDERAL HWY
400
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

969 SE FEDERAL HWY
400
STUART, FL 34994 US

New Mailing Address:

FEI Number: 20-4868538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILDE, LISA R
969 SE FEDERAL HWY
400
STUART, FL 34994 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: MGR ( ) Delete
Name: WILDE, LISA R
Address: 969 SE FEDERAL HWY, 400
City-St-Zip: STUART, FL 34994

Title: MGR ( ) Delete
Name: WILDE, LEON P
Address: 969 SE FEDERAL HWY, 400
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: WILDE, LISA R
Address: 969 SE FEDERAL HWY, 400
City-St-Zip: STUART, FL 34994

Title: VP (X) Change ( ) Addition
Name: MULLER, SHERRY A
Address: 13534 BRIGHTSTONE STREET
City-St-Zip: WELLINGTON, FL 33414

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: LISA R WILDE PRES 07/18/2007

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