


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-05-2008 90030 024 ***138.75

DOCUMENT # L07000046940	
1. Entity Name IN TOUCH PROFESSIONAL REAL ESTATE AND INVESTMENTS, LLC	

Principal Place of Business 6635 WEST COMMERCIAL BOULEVARD, STE 210 TAMARAC, FL 33310	Mailing Address 6635 WEST COMMERCIAL BOULEVARD, STE 210 TAMARAC, FL 33310
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2. Principal Place of Business - No P.O. Box # 12301 NW 12th STREET	3. Mailing Address 12301 NW 12 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33323	Country USA
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33323	Country USA

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 34-1984224	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 GARDNER, PAULETTE 12000 NW 29 MANOR SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCINTOSH, VALRIE 12301 NORTH WEST 12TH STREET PLANTATION, FL 33323 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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: <u><i>Valrie McIntosh</i></u>	<u>4/30/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #