

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106590

FILED
Jan 28, 2008
Secretary of State

Entity Name: KEEP IN TOUCH CONCEPTS LLC

Current Principal Place of Business:

133 VINTAGE BAY DR. UNIT 17
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

135 S BARFIELD DR.
MARCO ISLAND, FL 34145 US

Current Mailing Address:

133 VINTAGE BAY DR. UNIT 17
MARCO ISLAND, FL 34145 US

New Mailing Address:

135 S BARFIELD DR.
MARCO ISLAND, FL 34145 US

FEI Number: 26-1450469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: MIKULINEC, JIRI
Address: 133 VINTAGE BAY DR. UNIT 17
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM () Delete
Name: HELD, MICHAEL G
Address: 133 VINTAGE BAY DR. UNIT 17
City-St-Zip: MARCO ISLAND, FL 34145 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIKULINEC, JIRI
Address: 4160 LOOKING GLASS LN
City-St-Zip: MARCO ISLAND, FL 34145 US

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

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: MICHAEL G. HELD

MGRM

01/28/2008

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