


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L98000001353 <b>1. Entity Name</b> INVESTCH CAPITAL, L.L.C.	
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<b>Principal Place of Business</b> 5200 TOWN CENTER CIRCLE 306 BOCA RATON, FL 33486	<b>Mailing Address</b> 5200 TOWN CENTER CIRCLE 306 BOCA RATON, FL 33486
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**DO NOT WRITE IN THIS SPACE**

04262005No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 65-0855282	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  FINE, NORMAN D 5200 TOWN CENTER CIRCLE SUITE 306 BOCA RATON, FL 33486
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**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

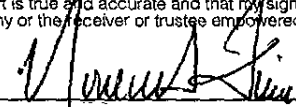
<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGR FINE, NORMAN D 5200 TOWN CENTER CIRCLE, SUITE 306 BOCA RATON, FL 33486
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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04/29/05 80123-002 50.00

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **NORMAN D FINE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/26/05**  
Date

**561-750-0800**  
Daytime Phone #