2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

| ANTOAL REPORT | | | | | | | 05-01-2008 | 90037 048 ***1 | 38 75 |
|--|------------------|-----------------------------|---------------------------------|---|--|------------------------|-------------------------|----------------------------|-----------------------------|
| DOCUMENT # M0700007510 1. Entity Name MARKETINGTOUCH LLC | | | | | | | 03-01-2000 | 20027 040 | 136.73 |
| Principal Plac | e of Busines | s | Mailing Address | | | = . | | | |
| 412 FIRST STREET NORTH 412 FIRST STREET NORTH | | | | | | | 301 | 007988 | |
| JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 322 | | | | | (50 | | , , | | |
| | | | | | | <u> </u> | an din alia kalian d | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 02212008 | Chg-LLC | CR2E083 (12/06) | |
| City & Stat | e | , | City & State | | | 4. FEI Numbe 26 - 2 | | | oplied For of Applicable |
| Zιρ | Country | | Zip | Zip Country | | 5. Certificate | of Status Desired | S5.00 Add | ditional d |
| ············ | 6. Name | and Address of Current | Registered Agent | 7. Name and Address of New Registered Agent | | | | | |
| 541 0005 | | | | · | Name | | | | |
| F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| JACKSONVILLE, FL 32202 | | | | | | | | | |
| | | | | | City | | | FL Zip Cod | 8 |
| 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 olde if applicable. (INOTE: Registered Agent signature required when renstaling) DATE | | | | | | | | | |
| FILE MOWIN SEE 19 \$138.75 Make check payable to | | | | | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | | | | Department of State | Đ |
| | | | | | | <u> </u> | | | |
| 9. TIFLE | MGR | MANAGING MEMBI | ERS/MANAGERS Delete | 10. | | | ADDITIONS/ | CHANGES Change | Addition |
| NAME | MECLAB! | SILC | □ beeg | NAM | i i | | | C Grienge | |
| STREET ADDRESS | | | | | ET ADORESS | | | | |
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| STREET ADDRESS City-St-Zip | | | | | -ST-ZIP | | | | |
| 11. I hereby o | certify that the | e information supplied with | this filing does not qualify to | r the exer | mptions contained | in Chapter 119, i | Florida Statutes, 1 tur | ther certify that the info | rmation |
| 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 it 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: 4/30/08 904-993-1970 | | | | | | | | | 70 |
| 010111 | | ~ | | | | | 4/30/08 | 107 173 171 | |