


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000047001
1. Entity Name
HDS PERSONAL TOUCH INVESTORS "LLC"



Principal Place of Business Mailing Address
191 SIMS CREEK LANE 191 SIMS CREEK LANE
JUPITER, FL 33458 US JUPITER, FL 33458 US



01172007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1929584	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351

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

Filing Fee is \$50.00 Due by May 1, 2007

000000514406
02/06/07-80028-002 55.00

2. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMOND, RICHARD R JR 191 SIMS CREEK LANE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALAMANDRE-DEJAGER, SUSANNE L 215 SE 1ST CIRCLE BOYNTON BEACH, FL 33435
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Susanne L Scalamandre Date: 1-30-07 Daytime Phone #: 561-731-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE