2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000047001

1. Entity Name

HDS PERSONAL TOUCH INVESTORS "LLC"



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

Principal Place of Business

191 SIMS CREEK LANE JUPITER, FL 33458 US Mailing Address

191 SIMS CREEK LANE JUPITER, FL 33458 US



01172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1929584 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

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

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| | The above named entity submits this statement for the purpose of changi the obligations of registered agent. | ing its registered office or registered agent, or bo | ith, in the State of Florida. I am familiar with, and accept | |
|----|---|---|--|--|
| SI | GNATURE Signature, typed or printed name of recistered agent and little if applicable. | (NOTE Registered Agent signature regulated when reinstalling) | DATE | |

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

| 9. | 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | portiful that the information supplied with this filler date act gurds, for the pu |

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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 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: JUNIOUS JUNIOUS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE STANDING MEMBER. OR AUTHORIZED REPRESENTATIV

Davime Phone # 7755