

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90154 021 ****50.00

DOCUMENT # L06000022135					
1. Entity Name TOP DOLLAR INVESTMENTS, LLC					
Principal Place of Business 3004 PEBBLE CREEK ST. MELBOURNE, FL 32935			Mailing Address 3004 PEBBLE CREEK ST. MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 43-2099669				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, JOHN H 3004 PEBBLE CREEK ST. MELBOURNE, FL 32935			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, JOHN H 3004 PEBBLE CREEK ST. MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, DORINDA F 3004 PEBBLE CREEK ST. MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, QUENTIN K 1220 THREE MEADOWS DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, DEBORAH 1220 THREE MEADOWS DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLORE, SUNSHINE 1037 LAKESIDE RD. SOUTHURY, CT 06488	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLORE, FREDERICK 1037 LAKESIDE RD. SOUTHURY, CT 06488	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLORE, SUNSHINE 84 MAIN ST, N. Bethlehem, CT 06751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLORE, FREDERICK 84 MAIN ST, N. Bethlehem, CT 06751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:		3/12/07 321-751-1071			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					