


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90174 043 ****50.00

DOCUMENT # L06000093882	
1. Entity Name TOUCHDOWN INVESTMENTS, LLC	

Principal Place of Business 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228	Mailing Address 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228
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40115830



2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 10210
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04242007 Chg-LLC CR2E083 (12/06)

City & State	City & State Fort Smith AR
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4. FEI Number 20-5605275	Applied For Not Applicable
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Zip 72917	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PALMER, CHARLES G 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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	MGRM ALFORD, JOHN D 6301 CLIFF DRIVE FORT SMITH, AR 72903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHARLES G. PALMER INTER VIVOS TRUST 4134 GULF OF MEXICO DRIVE, SUITE 301 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John Alford 479 444 5682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #