


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90124 012 ***138.75

DOCUMENT # L07000098789	
1. Entity Name TOUCHDOWN PARTNERS, LLC	

Principal Place of Business 5953 ROCKO ROAD PORT ORANGE, FL 32127	Mailing Address 5953 ROCKO ROAD PORT ORANGE, FL 32127
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60002965



2. Principal Place of Business - No P.O. Box # 2230 Hibiscus Dr.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112008 Chg-LLC CR2E083 (12/06)

City & State Edgewater FL	City & State
Zip 32141	Country VOLUSIA

4. FEI Number 36-1147026	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent JENNY, CHRISTIAN 103-B NORTH LAKE DRIVE ORMOND BEACH, FL 32174	
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 Jenny Signature, typed or printed name of registered agent and title if applicable	DATE 01-17-08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

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.	
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SIGNATURE Jenny SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 01-17-08 Date	DAYTIME PHONE 386-437-4163 Daytime Phone #
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