2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 06, 2006 08:00 AM **DOCUMENT # L04000051799 Secretary of State** 1. Entity Name SFT, LLC Mailing Address Principal Place of Business 5205 BABCOCK STREET 5205 BABCOCK STREET PALM BAY, FL 32905 PALM BAY, FL 32905 01132006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2462091 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SPIRA, JACK 5205 BABCOCK STREET PALM BAY, FL 32905 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title it emplicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SPIRA, JACK NAME 5205 BABCOCK STREET STREET ADDRESS U00000423843 02/18/06-80026-003 50.00 CITY-ST-ZIP PALM BAY, FL 32905 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCURESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP

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:

JACK B. SPIRA

1/3/106

321-725-500C