

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # L99000003635
1. Entity Name
 F.T., L.L.C.

Principal Place of Business ONE INDEPENDENT DRIVE STE 2210 JACKSONVILLE FL 32202	Mailing Address ONE INDEPENDENT DRIVE STE 2210 JACKSONVILLE FL 32202
--	--

2. Principal Place of Business ONE INDEPENDENT DR Suite, Apt. #, etc. STE 2210	3. Mailing Address ONE INDEPENDENT DR Suite, Apt. #, etc. STE 2210
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

Zip 32202	Country US	Zip 32202	Country US
---------------------	----------------------	---------------------	----------------------

4. FEI Number
59-3586467

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SURFACE JR, F. FRANK
 ONE INDEPENDENT DRIVE
 STE 2210
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name: SURFACE F. FRANK, JR ESQUIRE
 Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DR
 STE 2210
 City: JACKSONVILLE FL Zip Code: 32202

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.

SIGNATURE J. FRANK SURFACE JR. **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete SURFACE INVESTMENT PARTNERSHIP LTD 1 INDEPENDENT DR., STE 2210 JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete MORTGAGE ADVISORS INC 1 INDEPENDENT DR., STE 2210 JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Frank Surface, Jr. **P** **04/26/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)