

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003635

FILED  
Feb 05, 2004  
Secretary of State

Entity Name: F.T., L.L.C.

**Current Principal Place of Business:**

1805 COPELAND STREET  
STE 200  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

1805 COPELAND STREET  
STE 200  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 59-3586467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SURFACE, J. FRANK, JR ESQUIRE  
1805 COPELAND STREET  
STE 200  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MORTGAGE ADVISORS IN, C  
Address: 1805 COPELAND STREET, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete  
Name: SURFACE INVESTMENT P, ARTNERSHIP LTD  
Address: 1805 COPELAND STREET, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.      MGR      02/05/2004

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date