

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2002 8:00 am Secretary of State

01-27-2002 90021 028 ***158.75

DOCUMENT # P98000032445

1. Entity Name
FFT LIVINGSTONE INVESTORS, INC.

Principal Place of Business Mailing Address
5307 RANDOLPH ROAD 5307 RANDOLPH ROAD
ROCKVILLE MD 20952 ROCKVILLE MD 20952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 52-2130019 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REPORT, ALLEN J
999 PONCE DE LEON BOULEVARD
SUITE 1110
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Richard Yovanovich Esq.
Street Address (P.O. Box Number is Not Acceptable) Goodlette, Coburn, Johnson Johnson, PA
Northern Trust Bk Bldg, 4001 Tamiami Tr N
City Naples FL Zip Code 34103

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 *[Signature]* DATE 2/22/02

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	TECK, BRUCE J.	
STREET ADDRESS	5307 RANDOLPH ROAD	
CITY-ST-ZIP	ROCKVILLE MD 20952	
TITLE	D	<input type="checkbox"/>
NAME	FALLER, CHARLES S JR.	
STREET ADDRESS	5307 RANDOLPH ROAD	
CITY-ST-ZIP	ROCKVILLE MD 20952	
TITLE	VP	<input type="checkbox"/>
NAME	FALLER, CHARLES S 111	
STREET ADDRESS	5307 RANDOLPH ROAD	
CITY-ST-ZIP	ROCKVILLE MD 20952	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1/7/02 DAYTIME PHONE # 301-231-6000

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/01)