

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000032445

1. Entity Name
FFT LIVINGSTONE INVESTORS, INC.



Principal Place of Business
5307 RANDOLPH ROAD
ROCKVILLE, MD 20852

Mailing Address
5307 RANDOLPH ROAD
ROCKVILLE, MD 20852



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

YOVANOVICH, RICHARD ESQ
GOODLETTE, COLEMAN, JOHNSON, P.A
NORTHERN TRUST BK BLDG, 4001 TAMiami TR N
NAPLES, FL 34103

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TECK, BRUCE J
STREET ADDRESS	5307 RANDOLPH ROAD
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	D
NAME	FALLER, CHARLES S JR.
STREET ADDRESS	5307 RANDOLPH ROAD
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	VP
NAME	FALLER, CHARLES S 111
STREET ADDRESS	5307 RANDOLPH ROAD
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles S Faller III VP Charles S Faller III

1/14/05 301-231-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #