


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 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
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2130019	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TECK, BRUCE J 5307 RANDOLPH ROAD ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FALLER, CHARLES S JR. 5307 RANDOLPH ROAD ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FALLER, CHARLES S 111 5307 RANDOLPH ROAD 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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 01/17/07-80003-024 158.75

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12. 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 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* P Charles S Faller III 1/5/07 301-231-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #