

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90138 042 ***158.75

DOCUMENT # P98000032445



1. Entity Name
FFT LIVINGSTONE INVESTORS, INC.

Principal Place of Business
**5307 RANDOLPH ROAD
ROCKVILLE MD 20952**

Mailing Address
**5307 RANDOLPH ROAD
ROCKVILLE MD 20952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2130019**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 1/3/03 301-231-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)