

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A98000000915

1. Entity Name  
FFT LIVINGSTONE, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 27 AM 9:13

Principal Place of Business  
5307 RANDOLPH ROAD  
ROCKVILLE, MD 20852

Mailing Address  
5307 RANDOLPH ROAD  
ROCKVILLE, MD 20852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242005 Chg-LP CR2E003 (10/03)

4. FEI Number  
52-2098068

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD YOVANOVICH, ESQ.  
GOODLETTE, COLEMAN & JOHNSON, P.A.  
NORTHERN TRUST BANK 4001 TAMIAMI TRL NORTH  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000032445  
NAME FFT LIVINGSTONE INVESTORS, INC.  
STREET ADDRESS 5307 RANDOLPH ROAD  
CITY-ST-ZIP ROCKVILLE, MD 20852

STREET ADDRESS

CITY-ST-ZIP

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100046007961  
02/04/05--01009--022 \*\*158.75

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

by FFT Livingstone Investors Inc. VP Charles S Fuller 1/23/05 301-231-6000