2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 23, 2007 08:00 AM Secretary of State

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1. Entity Name FFT LIVINGSTONE, LTD.



Principal Place of Business

ROCKVILLE, MD 20852

STAPLE CHECK HERE

5307 RANDOLPH ROAD

Mailing Address

5307 RANDOLPH ROAD ROCKVILLE, MD 20852



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For Not Applied Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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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.						
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						
Signature, system or primate name or registrated agent and site a applicable.						
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00						
After May 1, 2007, Fee will be \$900.00 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					
DOCUMENT#	P98000032445					
NAME	FFT LIVINGSTONE INVESTORS, INC.					
STREET ADDRESS	5307 RANDOLPH ROAD					
CITY-ST-ZIP	ROCKVILLE, MD 20852					
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NAME		U00000599344 01/25/07-80048-011 508.75				
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CITY-ST-ZIP						
14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 affect as it made under each that I am a Control of the						
14. 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 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						