


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

| | |
|---|---|
| DOCUMENT # A98000000915 1. Entity Name FFT LIVINGSTONE, LTD. |  |
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| 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-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 52-2098068 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 |
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| 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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
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FILE NOW!!! FEE IS \$500.00
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 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| <p>000000589344 01/25/07-80048-011 508.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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

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|--|--------------------|-------------------------------------|
| SIGNATURE by <i>Charles S Faller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | Date <i>1/5/07</i> | Daytime Phone # <i>301-231-6000</i> |
|--|--------------------|-------------------------------------|