

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001097

Entity Name: FLTVT, L.L.C.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

8500 SHAWNEE MISSION PARKWAY, SUITE 200
SHAWNEE MISSION, KS 66201

New Principal Place of Business:

Current Mailing Address:

8500 SHAWNEE MISSION PARKWAY, SUITE 200
SHAWNEE MISSION, KS 66201

New Mailing Address:

FEI Number: 48-1225754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAN TUYL, CECIL
Address: 8500 SHAWNEE MISSION PKWY STE 200
City-St-Zip: SHAWNEE MISSION, KS 66201

Title: STD () Delete
Name: HOLCOMB, ROBERT J
Address: 8500 SHAWNEE MISSION PKWY STE 200
City-St-Zip: SHAWNEE MISSION, KS 66201

Title: MGR () Delete
Name: MAUS, DAVID
Address: 669 SHADOW MOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CECIL VAN TUYL

MGR

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date