2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002640

1. Entity Name

FTG INVESTORS, L.L.C.

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90572 044 ****50.00

				W. F. TOP						
Principal Plac	e of Business	Mailing Address			7					
6215 WILSON I		P.O. BOX 7779	•							
JACKSONVILLE FL 32210		JACKSONVILLE FL 32238			ĺ					
					1 11810	Del Gre (1864), 1874 (1864)	8 8 111	AN THE NAME OF	61 3 11 13 11 1 31 1	
9 Dringing N	laca of D. cianos	5 Maille a Address								
2. Principal Place of Business		3. Mailing Address			{		38 111 88 111 88 11	i d (1 8 18 3 1111 1	81811 8811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			┥					
					ļ	CHECK REAL I	FINIARING	CHANGES	,	
City & State		City & State	City & State		4. FEI Num	ber 59-3630078	3	Α	pplied For]
		70							Not Applicable	-
Zip Country		Zìp	Coun	itry	5. Certificat	te of Status Desired		\$5.00 Ad ee Require		
6. Name and Address of Current		Registered Agent	nistered Agent		7 Name an	7. Name and Address of New Registered Agent				
of reality and Address of Garlett Hagiston of Agent				Name						
	PEE JR, A L									
6215 WILSON BLVD.			Street Address		ss (P.O. Box Numl	ber is Not Acceptable)				1
JACI	KSONVILLE FL 32210			<u> </u>						7
				<u> </u>					 	4
	* and a state of the state of t			City			FL	Zip Cod	de	
	named entity submits this statement for	r the purpose of changing its	registere	ed office or regis	stered agent, or b	oth, in the State of Flor	ida. I am fa	miliar with	, and accept	7
the obligati	ions of registered agent.									ļ
SIGNATURE .		<u> </u>							<u></u> _	}
· · · · ·	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	Registere	d Agent signature requ	uired when reinstating)		DATE			4
,		FILE NO	JW!!! I	FEE IS \$50.0	0					ļ
	The same of the sa	Make Check Payabl		-	nent of State					
		Due	By Ma	ay 1, 2003						_]
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES] _
TITLE	MGR	☐ Delete	TITLE	1				Change	Addition Addition	8
"NAME STREET ADDRESS	TOWERS, C.D. JR. 6215 WILSON BLVD.		NAM	E ET ADDRESS						1
CITY-ST-ZIP	JACKSONVILLE FL 32210		4	-ST-ZIP						5801
TITLE	MGR	☐ Delete	TITLE					☐ Change	Addition	18
NAME	BURPEE, A.L. JR.	T Délete	NAM)				Onlingo		C
STREET ADDRESS	6215 WILSON BLVD.			ET ADDRESS						ł
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY	-ST-ZIP						
TITLE	MGR	☐ Delete	TITLE	Ε ,				☐ Change	Addition]
NAME	JAMES, H.R.		NAM	E						
STREET ADDRESS	6215 WILSON BLVD.			ET ADDRESS						}
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY	-ST-ZIP						4
TITLE	MGRM TOWERS JOHN	☐ Delete	TITLE	i				☐ Change	Addition	
NAME STREET ADDRESS	TOWERS, JOHN 6215 WILSON BLVD.		NAM	ET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32210		1	-ST-ZIP						
	MGRM	□ Polisio						Change	☐ Addition	┥
TITLE NAME	FLORIDA TITLE GROUP, INC.	☐ Delete	TITLE	ī				change		
STREET ADDRESS	6215 WILSON BLVD.			ET ADORESS						1
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY	-ST-ZIP						1
TITLE	MGRM	☐ Delete	TITLS					Change	Addition	1
NAME	HOWELL, WILLIAM R III		NAM	E				-		ĺ
STREET ADDRESS	4167 ORTEGA BLVD.		•	ET ADDRESS						-
CITY-ST-ZIP	JACKSONVILLE FL 32210			-ST-ZIP						1
11. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exe	mption stated in	Section 119.07(3)(i), Florida Statutes. I	further certi	ly that the	information	1

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 managing mem limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE