


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000015739</b> 1. Entity Name FFIT, LLC	
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Principal Place of Business 580 VILLAGE BLVD STE 300 WEST PALM BEACH, FL 33409	Mailing Address 580 VILLAGE BLVD STE 300 WEST PALM BEACH, FL 33409
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**DO NOT WRITE IN THIS SPACE**



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1065727	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

DENHOLTZ, STEWART F 580 VILLAGE BLVD STE 300 WEST PALM BEACH, FL 33409
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**DO NOT WRITE  
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCNAMARA, COLLEEN J 580 VILLAGE BLVD STE 300 WEST PALM BEACH, FL 33409
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UD00000367021  
05/16/05-80017-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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: Colleen J. McNamara 561-585-4715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #