

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90029 009 ****50.00

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02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number **65-0984483** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DOCUMENT # L01000020297
 1. Entity Name
FTHC, LLC



Principal Place of Business
100 S. BISCAYNE BLVD., STE. 1100 MIAMI, FL 33131

Mailing Address
100 S. BISCAYNE BLVD., STE. 1100 MIAMI, FL 33131

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

HOLLO, JEROME
100 S. BISCAYNE BLVD., STE. 1100 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

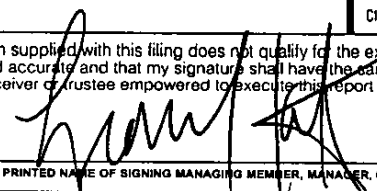
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLO, TIBER 100 S. BISCAYNE BLVD. #1100 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEONARD KATZ 100 S BISCAYNE, MIAMI 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLLO, WAYNE 100 S. BISCAYNE BLVD. MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JEROME HOLLO 100 S BISCAYNE, MIAMI 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TIBOR HOLLO 100 S BISCAYNE BLVD, MIAMI 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:  **Date:** 4/13/06 **Daytime Phone #** _____

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