

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028556

FILED  
May 20, 2007  
Secretary of State

Entity Name: FTA-BUSINESS MULTIPLIER, LLC

**Current Principal Place of Business:**

901 BRICKELL KEY DRIVE, STE 2707  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

901 BRICKELL KEY DRIVE, STE 2707  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 83-0367399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RICCHERI, LUIS  
901 BRICKELL KEY DRIVE, STE 2707  
MIAMI, FL 33131      US

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: HUNT, STACIE  
Address: 901 BRICKELL KEY DRIVE, STE 2707  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: GADDA-RICCHERI, BEATRIZ M.A.  
Address: 901 BRICKELL KEY DR STE 2707  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: RICCHERI, LUIS  
Address: 901 BRICKELL KEY DRIVE, STE 2707  
City-St-Zip: MIAMI, FL 33131

**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: LUIS RICCHERI

MGR

05/20/2007

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