


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90213 020 \*\*\*\*50.00

**DOCUMENT # L03000048873**

1. Entity Name  
**F & T INVESTMENTS I, LLC**



Principal Place of Business      Mailing Address

**8438 GULF BLVD., SUITE B  
 NAVARRE BEACH, FL 32566**      **8438 GULF BLVD., SUITE B  
 NAVARRE BEACH, FL 32566**

2. Principal Place of Business      3. Mailing Address

**2045 Fountain Professional Ct, Suite B**      **2045 Fountain Professional Ct, Suite B**

City & State      City & State

**Navarre, FL**      **Navarre, FL**

Zip      Country      Zip      Country

**32566**      **USA**      **32566**      **USA**



04062005    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For

**86-1088050**            Not Applicable

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

6. Name and Address of Current Registered Agent

**FOUNTAIN LAW FIRM, P.A.  
 8438 GULF BLVD., SUITE B  
 NAVARRE BEACH, FL 32566**

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, 2005**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	FOUNTAIN, BETTY
STREET ADDRESS	1901 RUE LA FONTAINE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VPS <input checked="" type="checkbox"/> Delete
NAME	TABB, WILLIAM
STREET ADDRESS	12317 RUNNING DEER RD.
CITY-ST-ZIP	MANASSAS, VA 201123202
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Tabb
STREET ADDRESS	12317 Running Deer Rd
CITY-ST-ZIP	Manassas, VA 201123202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Betty Fountain      Date: 4/7/05      Daytime Phone #: 850 939-8770

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