2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048873

Entity Name: F & T INVESTMENTS I, LLC

FILED May 02, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2045 FOUNTAIN PROFFESSIONAL CT, SUITE B NAVARRE BEACH, FL 32566	2045 FOUNTAIN PROFFESSIONAL CT, SUITE B NAVARRE, FL 32566
Current Mailing Address:	New Mailing Address:
2045 FOUNTAIN PROFFESSIONAL CT, SUITE B NAVARRE BEACH, FL 32566	2045 FOUNTAIN PROFFESSIONAL CT, SUITE B NAVARRE, FL 32566
FEI Number: 86-1088050 FEI Number Applied For() In accordance with s. 607.193(2)(b), F.S., the limited liability comp Name and Address of Current Registered Agent:	
FOUNTAIN LAW FIRM, P.A. 8438 GULF BLVD., SUITE B NAVARRE BEACH, FL 32566 US	FOUNTAIN LAW FIRM, P.A. 2045 FOUNTAIN PROFESSIONAL CT SUITE A NAVARRE, FL 32566 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.

SIGNATUR	KENNETH R FOUNTAIN		05/02/2006	05/02/2006	
	Electronic Signature of Registered	Agent	Date		
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANG	GES:		
Title: Name: Address: City-St-Zip:	P () Delete FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE, FL 32566	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPS () Delete TABB, LINDA 12317 RUNNING DEER RD. MANASSAS, VA 201123202	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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:	BETTY FOUNTAIN	P	05/02/2006
	Electronic Signature of Signing Managing Member,	Manager, or Authorized Rep	oresentati∨e / Date