2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 20, 2006 08:00 AN DOCUMENT # L03000056250 **Secretary of State** 1. Entity Name FTW HOLDINGS, LLC Principal Place of Business Mailing Address 1326 S. RIDGEWOOD AV. 1326 S. RIDGEWOOD AV. SUITE #15 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FEI Number 58-2678346 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAYTON, FRANK W Street Address (P.O. Box Number is Not Acceptable) 15 CYPRESS VIEW TRAIL ORMOND BEACH FL FL 32-174 City 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Athen TITLE Change MGRM ☐ Delete TITLE NAME NAME PAYTON, FRANK W STREET ADDRESS STREET ADDRESS 1326 S. RIDGEWOOD AV., SUITE 15 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE ☐ Delete TITLE Change Additi-H00000392983 NAME NAME 01/25/06-80001-025 55.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addist MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Artilli. TOTLE ☐ Delete TOTE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Arien: TITLE TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP ☐ Arkii:: TITLE ☐ Delete THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

-18-06

386) 258-37()

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