2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000020040

1. Entity Name
FT SERVICES, LLC

FILED
08 FEB 27 AM 10: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1969 S. ALAFAYA TRAIL # 408 ORLANDO, FL 32828 US	1969 S. ALAFAYA TRAIL # 408 ORLANDO, FL 32828 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3437 Hillmont Circle		3437 Hillmont Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32817	Country: U.S.A.	Zip: 32817	Country: U.S.A.

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-0868906 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CATHCART, CHRISTOPHER C 210 N. WYMORE ROAD WINTER PARK, FL 32789	Name: JOSE MONTALVO Street Address (P.O. Box Number is Not Acceptable): 3437 Hillmont Circle City: Orlando, Florida FL Zip Code: 32817

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: [signature] JOSE MONTALVO, Managing Member January 4, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVERMAN, FRANK 1969 S. ALAFAYA TRAIL, # 408 ORLANDO, FL 32828	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jose Montalvo 3437 Hillmont Circle Orlando, Florida 32817	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Mike Metzger 13151 Royal Fern Drive Orlando, Florida 32828	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	np 2/27/08	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] January 7, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #