2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2007
Secretary of State

DOCUMENT# L04000046530

Entity Name: F.T.E., LLC

Current Principal Place of Business:

2315 BEACH BLVD. STE 202
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

2727 ST JOHNS BLUFF RD S
203
JACKSONVILLE, FL 32246 US

Current Mailing Address:

2315 BEACH BLVD. STE 202
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

2727 ST JOHNS BLUFF RD S
203
JACKSONVILLE, FL 32246 US

FEI Number: **FEI Number Applied For (X)** **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:

MICHAEL P. WILLIAMS, P.A.
3545-1 ST. JOHNS BLUFF RD. S.
343
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MICHAEL P. WILLIAMS, P.A.
14333 BEACH BLVD
33
JACKSONVILLE, FL 32250 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: MICHAEL P WILLIAMS 06/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLIAMS, MICHAEL P
Address: 2315 BEACH BLVD. STE 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STEELE, ALLEN J
Address: 2727 ST JOHNS BLUFF RD NO. 203
City-St-Zip: JACKSONVILLE, FL 32246 US

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: ALLEN J STEELE MGRM 06/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date