

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000053826

1. Entity Name
FFT SANTA BARBARA II, LLC



Principal Place of Business
**5307 RANDOLPH ROAD
ROCKVILLE, MD 20852**

Mailing Address
**5307 RANDOLPH ROAD
ROCKVILLE, MD 20852**

DO NOT WRITE IN THIS SPACE



01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2400546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOVANOVICH, RICHARD E ESQ.
4001 NORTH TAMiami TRAIL, SUITE 300
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FALLER, CHARLES S III
STREET ADDRESS	5307 RANDOLPH ROAD
CITY- ST- ZIP	ROCKVILLE, MD 20852
TITLE	P
NAME	WHEELER, WILLIAM T
STREET ADDRESS	5307 RANDOLPH ROAD
CITY- ST- ZIP	ROCKVILLE, MD 20852
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000815384
02/14/08-80007-006 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

Charles S. Faller III
Charles S. Faller III

1/30/2008

(201) 231-6000

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

Date

Daytime Phone #