


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90039 001 \*\*\*350.00

|  |  |                     |   |   |  |
|--|--|---------------------|---|---|--|
| <b>DOCUMENT # L05000029671</b><br>1. Entity Name<br><b>FTW601, LLC</b>   |  |                     |   |  |  |
| Principal Place of Business<br><b>17 ASTOR DRIVE<br/>MANALAPAN NJ 07726</b>  |  |                     | Mailing Address<br><b>17 ASTOR DRIVE<br/>MANALAPAN NJ 07726</b> |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |   |  |
| City & State   |  | City & State        |   |   |  |
| Zip  | Country  | Zip                 | Country   |   |  |
| 6. Name and Address of Current Registered Agent  |  |                     | 7. Name and Address of New Registered Agent                     |   |  |
| <b>KORETSKY, FRANK<br/>3201 NE 183RD STREET<br/>AVENTURA FL 33180</b>  |  |                     | Name  |   |  |
|  |  |                     | Street Address (P.O. Box Number is Not Acceptable)              |   |  |
|  |  |                     |   |   |  |
|  |  |                     | City <b>FL</b> Zip Code   |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____   |  |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State.</b><br><b>Due By May 1, 2006.</b>   |  |                     |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>KORETSKY, FRANK<br/>17 ASTOR DRIVE<br/>MANALAPAN NJ 07726</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |  |                     |   |   |  |
| SIGNATURE: _____   |  |                     | 4/24/06 732-616 2464  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                     |   |   |  |