2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2008 08:00 Al Secretary of State **DOCUMENT # L05000077671** 1. Entity Name FLT, LLC Mailing Address Principal Place of Business 1521 SW 57TH ST 1521 SW 57TH ST CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 CR2E083 (12/07) 01092008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4303895 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FULMER, TRACEY R DO NOT WRITE 1521 SW 57TH ST CAPE CORAL, FL 33914 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME **FULMER, TRACEY R** STREET ADORESS 1521 SW 57TH ST CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE 000000782667 01/15/08-80085-001 261.25 NAME **FULMER, RANDY A** STREET ADDRESS 1521 SW 57TH ST CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZP NAME STREET ADDRESS

11. I hereby conflit that the information supplied with this filing coes 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 of trustee empowered to execute this report as required by Chapter 608. Florida Statutes

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP