2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L05000108657 03-20-2006 90201 019 ****50.00 1. Entity Name FTC INVESTMENT GROUP, LLC. Principal Place of Business Mailing Address 20017808 1862 NW 82 AVENUE 1862 NW 82 AVENUE MIAMI, FL 33120 MIAM!, FL 33120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number 160493 06-Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASAAD, SAMIR Street Address (P.O. Box Number is Not Acceptable) 6365 COLLINS AVENUE MIAMI, FL City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR Addition TITLE ☐ Delete TITLE Change NAME ASAAD, SAMIR NAME 6365 COLLINS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZHP CITY-ST-ZIP Delete TALE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY OF THE חוד זה עדות Change ■ Addition TITLE □ Defete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADURESS STHEET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TSTLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP the Same legal effect as if made under oath; that I am a managing member or manager of the report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate and that my signature shall ha limited liability company or the receiver of trustee empowered to execute the -17-06

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

RE AND TYPED OR PRINTED NAME OF

FILED

Mar 20, 2006 8:00 am