## 2008 LIMITED LIABILITY COMPANY

SIGNATURE:

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

## **ANNUAL REPORT FILED** May 09, 2008 08:00 AN Secretary of State DOCUMENT # L05000108657 FTC INVESTMENT GROUP, LLC. Principal Place of Business Mailing Address 1400 NW 96TH AVE 1400 NW 96TH AVE MIAMI, FL 33172 MIAMI, FL 33172 01042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1760993 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ASAAD, SAMIR DO NOT WRITE 6365 COLLINS AVENUE MIAMI, FL 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) U00000950774 FILE NOW!!! FEE IS \$138.75 05/04/08-80004-013 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ASAAD, SAMIR NAME 6365 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions enterned 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 further employeed to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #