2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091855

FILED
Sep 01, 2008
Secretary of State

Entity Name: WORTH - FTC BALDWIN PARK, LLC

Current Principal Place of Business:

4837 NEW BROAD STREET
BIRMINGHAM, AL 32814

New Principal Place of Business:

Current Mailing Address:

1023 BLUESTONE WAY
BIRMINGHAM, AL 35242

New Mailing Address:

FEI Number: 20-5204965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LLOYD, MARK
4837 NEW BROAD STREET
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR ( ) Delete
Name:	CLINGER, MATT
Address:	633 STRIHAL LOOP
City-St-Zip:	WINTER GARDENS, FL 34787

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES:

Title:	OWNR (X) Change ( ) Addition
Name:	KASHETA, JASON M
Address:	1286 INDIAN BLUFF DR
City-St-Zip:	APOPKA, FL 32703-151

Title:	OWNR ( ) Change (X) Addition
Name:	SANTULLI, GREGORY P
Address:	1576 ATKINSON ROAD
City-St-Zip:	LAWRENCEVILLE, GA 30043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK LLOYD OWNR 09/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date