

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000043521

FILED
May 13, 2009
Secretary of State**Entity Name:** F&T VICTORIA, L.L.C.**Current Principal Place of Business:**1431 ORANGE CAMP ROAD
SUITE 116
DELAND, FL 32724 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 953544
LAKE MARY, FL 327953544 US**New Mailing Address:****FEI Number:** 20-8907195**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRYCON, INC.
1431 ORANGE CAMP ROAD
SUITE 116
DELAND, FL 32724 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: LUBINSKY, TERRY
Address: 1431 ORANGE CAMP ROAD, SUITE 116
City-St-Zip: DELAND, FL 32724 US**Title:** MGRM () Delete
Name: CANNON, FRANK J
Address: 1431 ORANGE CAMP ROAD, SUITE 116
City-St-Zip: DELAND, FL 32724 US**Title:** MGR (X) Delete
Name: PHELPS, SPENCER
Address: 1431 ORANGE CAMP ROAD, SUITE 116
City-St-Zip: DELAND, FL 32724 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK J CANNON

MGRM

05/13/2009

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