

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075214

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** FIRST FINANCIAL TRAINING CENTERS, LLC

**Current Principal Place of Business:**

1845 TOWN CENTER BLVD  
130  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

101 EAST TOWN PLACE  
SUITE 300  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

1845 TOWN CENTER BLVD  
130  
ORANGE PARK, FL 32003

**New Mailing Address:**

101 EAST TOWN PLACE  
SUITE 300  
SAINT AUGUSTINE, FL 32092

**FEI Number:** 26-3113260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FULLER, BARRY J  
2301 PARK AVENUE  
ORANGE PARK, FL 32073 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  
Name: MCLEAN, DONNA S  
Address: 101 EAST TOWN PLACE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby 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: DONNA S MCLEAN

MGR

04/07/2011

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