2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# L10000025300

Entity Name: FORECLOSURE TRAINING INSTITUTE, LLC

Current Principal Place of Business:

7900 COURTLEIGH DR
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7900 COURTLEIGH DR
ORLANDO, FL 32835

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, ERIC
7900 COURTLEIGH DR
ORLANDO, FL 32835 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: MGRM
Name: BUCHANAN, ERIC
Address: 7900 COURTLEIGH DR
City-St-Zip: ORLANDO, FL 32835

Title: MGRM
Name: BUCHANAN, DINA
Address: 7900 COURTLEIGH DR
City-St-Zip: ORLANDO, FL 32835

Title: MGRM
Name: BOWLES, GINA
Address: 7900 COURTLEIGH DR
City-St-Zip: ORLANDO, FL 32835

Title: MGRM
Name: DUGGER, A J
Address: 39 BURKIMO LN.
City-St-Zip: HOLIDAY ISLAND, AR 72631

Title: MGRM
Name: SINCLAIR, STEVEN
Address: 39 BURKIMO LN.
City-St-Zip: HOLIDAY ISLAND, AR 72631

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 Statues.

SIGNATURE: STEVEN SINCLAIR MGRM 02/22/2011

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