

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90111 043 ****50.00

DOCUMENT # M04000004762

1. Entity Name
FT-WD PROPERTY LLC



Principal Place of Business
7 BULFINCH PLACE, SUITE 500
BOSTON, MA 02114

Mailing Address
7 BULFINCH PLACE, SUITE 500
BOSTON, MA 02114

DO NOT WRITE IN THIS SPACE

01232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1810842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **FT-FIN ACQUISITION LLC**
STREET ADDRESS **7 BULFINCH PLACE, SUITE 500**
CITY-ST-ZIP **BOSTON, MA 02114**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 129, 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 that of the person or persons who executed the report; that I am a managing member or manager of the limited liability company or the recipient of the trust or partnership report as required by Chapter 129, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Michael Ashke

Chief Executive Officer

1/23/06

**516
822 0022**