2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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1. Entity Nam	MENT # M0400004763		
Principal Place of Business Mailing Address 7 BULFINCH PLACE, SUITE 500 BULFINCH PLACE, SUITE 500 BOSTON, MA 02114 BOSTON, MA 02114			I SPRIBERT TIL RRUTT BIETL REGIT GENIG BEGIN BETAR BORG BORG GORG BORG BORG BORG BORG BOR
DO NOT WRITE IN THIS SPACE			07052005 No Chg-LLC CR2E083 (10/03) 4. FEI Number
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 reinstaling) DATE			
Filing Fee is \$50.00 Due by September 7, 2005			
9.	MANAGING MEMBERS/MANAGERS	 _	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FT-FINACQUISITION LLC 7 BULFINCH PLACE, SUITE 500 BOSTON, MA 02114		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000372027 07/11/05-80014-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i L	· · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 606, Florida Statutes. SIGNATURE: SIGNATURE:			
SIGNAL	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZ	ED REPRESENTATIVE	Date Dayrime Phone #
Michael Ashne			