


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004765	
1. Entity Name FT-ORLANDO PROPERTY LLC	

Principal Place of Business 7 BULFINCH PLACE, SUITE 500 BOSTON, MA 02114	Mailing Address 7 BULFINCH PLACE, SUITE 500 BOSTON, MA 02114
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DO NOT WRITE IN THIS SPACE



07052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1810828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FT-FIN ACQUISITION LLC 7 BULFINCH PLACE, SUITE 500 BOSTON, MA 02114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/11/05-80014-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 608, Florida Statutes.

SIGNATURE: *By: [Signature]* *BY FT-FIN ACQUISITION LLC, manage* *7/6/05* *516 822 0022*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Michael Ashner