


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 009 ***138.75

DOCUMENT # M05000003892 1. Entity Name FTC MANAGEMENT, LLC <i>FTC company</i>	
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Principal Place of Business 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110	Mailing Address 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110
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60021842

2. Principal Place of Business - No P.O. Box # <i>999 Vanderbilt Beach Rd.</i> Suite, Apt. #, etc. <i>Suite 610</i>	3. Mailing Address <i>999 Vanderbilt Beach Rd.</i> Suite, Apt. #, etc. <i>Suite 610</i>
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City & State <i>Naples, FL</i> Zip <i>34108</i> Country <i>USA</i>	City & State <i>Naples, FL</i> Zip <i>34108</i> Country <i>USA</i>
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03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3142341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110	7. Name and Address of New Registered Agent Name <i>Crawford, Richard S.</i> Street Address (P.O. Box Number is Not Acceptable) <i>999 Vanderbilt Beach Road</i> <i>Suite 610</i> City <i>Naples</i> FL Zip Code <i>34108</i>
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>999 Vanderbilt Beach Road, Suite 610</i> <i>Naples, FL 34108</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard S. Crawford* 3/19/08 239-593-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #