2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# M06000006973

Entity Name: FTI INVESTIGATIONS, LLC

Current Principal Place of Business:

909 COMMERCE ROAD
ANNAPOLIS, MD 21401

New Principal Place of Business:

Current Mailing Address:

909 COMMERCE ROAD
ANNAPOLIS, MD 21401

New Mailing Address:

FEI Number: 42-1684517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: DUNN, JACK B IV
Address: 500 E PRATT ST. STE 1400
City-St-Zip: BALTIMORE, MD 21202

Title: MGR ( ) Delete
Name: MILLER, ERIC B
Address: 500 E PRATT ST. STE 1400
City-St-Zip: BALTIMORE, MD 21202

Title: MGR ( ) Delete
Name: PINCUS, THEODORE I
Address: 909 COMMERCE ROAD
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: SHAUGHNESSY, DENNIS J
Address: 500 E PRATT STR. STE 1400
City-St-Zip: BALTIMORE, MD 21202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: ERIC B. MILLER MGR 04/23/2008

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