


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001108 1. Entity Name FPT FLORIDA, LLC	
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Principal Place of Business FPT FLORIDA LLC 3700 NW N RIVER DR. MIAMI, FL 33142-4931	Mailing Address FPT CLEVELAND LLC 8550 AETNA RD. CLEVELAND, OH 44105
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DO NOT WRITE IN THIS SPACE



07062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 38-3477274	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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

U00000373808
07/21/05-80004-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVIN, YALE 3400 E LAFAYETTE DETROIT, MI 48207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 608, Florida Statutes.

SIGNATURE: Deborah J. Fantini, Authorized Rep. 7/15/05 313.562.7000

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

Deborah J. Fantini