

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90013 050 ****50.00

DOCUMENT # M99000001109					
1. Entity Name FPT FLORIDA LAND, LLC					
Principal Place of Business FPT FLORIDA LAND LLC 3700 NW N RIVER DR. MIAMI, FL 33142			Mailing Address 3400 EAST LAFAYETTE 3700 NW N RIVER DR. DETROIT, MI 48207		
2. Principal Place of Business		3. Mailing Address 3400 E. LAFAYETTE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DETROIT MT		4. FEI Number 38-3477277	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 48207		Country USA		07152005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, YALE 3400 E LAFAYETTE DETROIT, MI 48207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, YALE 3400 E LAFAYETTE DETROIT, MI 48207	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, YALE 3400 E LAFAYETTE DETROIT, MI 48207	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN, YALE 3400 E LAFAYETTE DETROIT, MI 48207	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Yale Levin</u> YALE LEVIN <u>7/18/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					