


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000088</b> 1. Entity Name FTAL MILLHOPPER INVESTMENT ASSOCIATES, L.C.	
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Principal Place of Business 4423 NW 6TH PLACE STE A GAINESVILLE, FL 32607	Mailing Address 4423 NW 6TH PLACE STE A GAINESVILLE, FL 32607
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**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3628615	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  FINLAYSON, GORDON C 4423 NW 66TH PLACE GAINESVILLE, FL 32607	<b>DO NOT WRITE IN THIS SPACE</b>
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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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINLAYSON, GORDON C M.D. 4423 NW 6TH PLACE, STE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TARRANT, DARRELL G M.D. 4423 6TH PLACE STE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALFINO, PAUL M.D. 4423 6TH PLACE STE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ-NIETO, CARLOS E 4423 NW 6TH PLACE STE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000084074  
03/10/04-80064-018 50.00

**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:** *X Gordon Finlayson* **2/27/04** **352-377-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #