


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000088		
1. Entity Name FTAL MILLHOPPER INVESTMENT ASSOCIATES, L.C.		
Principal Place of Business 4423 NW 6TH PLACE STE A GAINESVILLE, FL 32607	Mailing Address 4423 NW 6TH PLACE STE A GAINESVILLE, FL 32607	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FINLAYSON, GORDON C 4423 NW 66TH PLACE GAINESVILLE, FL 32607		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
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	DO NOT WRITE IN THIS SPACE
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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.		
SIGNATURE: <u>X Gordon Finlayson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/11/05</u> Daytime Phone # <u>352-377-5600</u>



01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3628615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000279864
03/29/05-80017-003 50.00