

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 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



01272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3628615

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**U00000504703
04/26/06-80084-013 50.00**

**Filing Fee is \$50.00
Due by May 1, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/7/06

Date

352-377-5600

Daytime Phone #