2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000003682						FILED				
FT 720 BUILDING SUITE 250, L.C.										
Principal Place	e of Business	Mailing Address				01 FEB 21 AM 10: 55				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XII XXXIX RETH XERRACE X				SECRETARY OF STATE TALLAHASSEE FLORIDA				
XX Y8YSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			•					
,	tace of Business 6TH PLACE	3. Mailing Address 4423 NW 6TH PLACE				E IODRIOUR DIE ENIEL ORALA DOUIL DOU	40 10 00		(81)8 81 88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
SUITE A City & State	^	SUITE A City & State			4. FEIN	lumber		la An	plied For	
GAINESVI		GAÍNESVILLE, FL			4. 12.1				t Applicable	
Zip 32607	Country	Zip Country 32607		try	5. Certi	ficate of Status Desired		5.00 Add se Require		
	6Name and Address of Current F				7 Nam	e and Address of New Re	egistered Aç	ent		
					Name					
	in, gordon c M.D. 0844 yerrace	Street Address 4423 NW			ss (P.O. Box N 6TH PI	(P.O. Box Number is Not Acceptable) 6TH PLACE				
GAINESVI	LLE FL 92007 X			SUITE A						
		·		GAINESV	'ILLE		FL	Zip Code 326	507	
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.										
SIGNATURE										
Old W Chile I	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature requ	uired when reinstat	ng)	DATE			
				FEE IS \$50.0						
		Make Check Pa	ayable t	o Departmen	t of State				[
9.	MANAGING MEMBE		10.	-		ADDITIONS/		v		
TITLE NAME	MGRM	☐ Delete	TITLE					X Change	☐ Addition	
	FINLAYSON, GORDON C M.D. ***********************************			ET ADORESS		6TH PLACE, SU LLE, FL 3260			13	
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	partify that the information supplied with	this filing does not qualify to	or the exe	-ST-ZIP motion stated in	Section 119	07(3)(i), Florida Statutes 1	further certif	v that the in	nformation	
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: SIGNATURE AND TYPES OR PRINTED NAME OF SKINING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Despring Phone *										