## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L0000003682

1. Entity Name

FT 720 BUILDING SUITE 250, L.C.



Principal Place of Business

4423 NW 6TH PLACE

SUITE A

GAINESVILLE, FL 32607

Mailing Address

4423 NW 6TH PLACE

SUITE A

GAINESVILLE, FL 32607

## FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90352 006 \*\*\*\*50.00

60037221



01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3647514 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 M.D. 4423 NW 6TH PLACE SUITE A GAINESVILLE, FL 32607

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINLAYSON, GORDON C M.D. 4423 NW PLACE, SUITE A GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TARRANT, DARRELL G M.D. 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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 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 regeiver 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

4/12/0

352-377-5600

Date

Daytime Phone #