## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L00000003682

FT 720 BUILDING SUITE 250, L.C.



Principal Place of Business

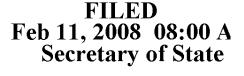
4423 NW 6TH PLACE

SUITE A GAINESVILLE, FL 32607 Mailing Address

4423 NW 6TH PLACE

SUITE A

GAINESVILLE, FL 32607





01122008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 59-3647514 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FINLAYSON, GORDON C M.D. 4423 NW 6TH PLACE SUITE A GAINESVILLE EL 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	-
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	FINLAYSON, GORDON C M.D.		
STREET ADDRESS	4423 NW PLACE, SUITE A	·	
CITY-ST-ZIP	GAINESVILLE, FL 32607		
TITLE	MGRM	10000822678	
NAME	TARRANT, DARRELL G M.D.	U00000822678 02/20/08-80009-001 138,	75
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A	25 25 25 25 25 25 25 25 25 25 25 25 25 2	14
CITY-ST-ZIP	GAINESVILLE, FL 32607		
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NAME			

11. I hereby certify that the information supplied with this fiting 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-712 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN

MEMBER, OR AUTHORIZED REPRESENTATIVE

352-377-5600

Daytime Phone #