

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000003684

1. Entity Name

FTA 720 BUILDING SUITE 252, 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



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3646083

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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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 reinstating)

DATE

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

U00000504717
04/26/06-80084-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FINLAYSON, GORDON C M.D.
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	TARRANT, DARRELL G M.D.
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	ALFINO, PAUL A M.D.
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP	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 Gordon Finlayson*

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

4/10/06

352-377 5600

Date Daytime Phone #