

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
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



01122008 No Chg-LLC

CR2E083 (12/07)

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

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000881584
04/16/08-80006-020 138.75

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

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

Date

Daytime Phone #

3/24/08 352-377-5600