

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003684

FILED
Jan 30, 2009
Secretary of State

Entity Name: FTA 720 BUILDING SUITE 252, L.C.

Current Principal Place of Business:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3646083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINLAYSON, GORDON C M.D.
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINLAYSON, GORDON C M.D.
Address: 4423 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: TARRANT, DARRELL G M.D.
Address: 4423 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: ALFINO, PAUL A M.D.
Address: 4423 NW 6TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL A. ALFINO

MGRM

01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date