

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000014094

1. Entity Name
FTAL HAWTHORNE, L.C.



Principal Place of Business
4423 NW 6TH PLACE
GAINESVILLE, FL 32607

Mailing Address
4423 NW 6TH PLACE
GAINESVILLE, FL 32607



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3715894

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
4423 NW 6TH PLACE
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 (06) if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000010504 229
04/26/06-80084-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FINLAYSON, GORDON C
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	TARRANT, DARRELL G
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	ALFINO, PAUL A
STREET ADDRESS	4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	LOPEZ-NIETO, CARLOS E
STREET ADDRESS	4423 N.W. 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 606, Florida Statutes.

SIGNATURE: *x Gordon Finlayson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/06

Date

Daytime Phone #

352-377-5600