

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90352 050 \*\*\*\*50.00

**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

60037225



01142007 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**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 608, Florida Statutes.

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

*4/12/07* *352-377-8600*  
Date Daytime Phone #