

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020005

Entity Name: FAL, LLC

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

6440 W. NEWBERRY ROAD, SUITE 502
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6440 W. NEWBERRY ROAD, SUITE 502
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 82-0572520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENET, DAVID E
3940 NW 16 TH BLVD., BLDG. B
GAINESVILLE, FL 32605 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/MEMBERS:

Title: MGRM () Delete
Name: BAILEY, GREG MD
Address: 6440 W. NEWBERRY RD, STE 502
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: MARICHAL, EDUARDO
Address: 6440 W. NEWBERRY RD, STE 502
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: MILLION, AMY
Address: 6440 W. NEWBERRY RD, STE 502
City-St-Zip: GAINESVILLE, FL 32605

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 for the exemption stated in Section 119.07(3)(i), 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: GREG BAILEY

MGRM

01/04/2005

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