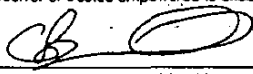


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-18-2006 90027 026 ****50.00

DOCUMENT # L02000020005					
1. Entity Name FAL, LLC					
Principal Place of Business 6440 W. NEWBERRY ROAD, SUITE 502 GAINESVILLE, FL 32605			Mailing Address 6440 W. NEWBERRY ROAD, SUITE 502 GAINESVILLE, FL 32605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 82-0572520	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MENET, DAVID E 3940 NW 16 TH BLVD., BLDG. 8 GAINESVILLE, FL 32605				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	BAILEY, GREG MD		NAME	BAILEY, GREG MD	
STREET ADDRESS	6440 W. NEWBERRY RD. STE 502		STREET ADDRESS	6440 W. NEWBERRY RD. STE 502	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARICHAL, EDUARDO		NAME		
STREET ADDRESS	6440 W. NEWBERRY RD. STE 502		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLION, AMY		NAME		
STREET ADDRESS	6440 W. NEWBERRY RD. STE 502		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			8-11-06 : 352-333-6161		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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08122006 Chg-LLC CR2E083 (11/05)

See

note
in
suites.