


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033358 1. Entity Name FALG FT. CLARKE, L.C.	
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Principal Place of Business 711 S.W. 88TH TERRACE GAINESVILLE, FL 32607	Mailing Address 711 S.W. 88TH TERRACE GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0276840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FINLAYSON, GORDON C M.D. 711 S.W. 88TH TERRACE GAINESVILLE, FL 32607	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINLAYSON, GORDON C M.D. 711 S.W. 88TH TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALFINO, PAUL A M.D. 4228 S.W. 78TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ-NIETO, CARLOS E M.D. 4423 N.W. 6TH PLACE, SUITE A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GEORGE, SATHISH K 7013 NW 50TH TERRACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/29/05-80014-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3/11/05 352-377-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #