

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046119

Entity Name: THE ROOTS, LLC

FILED  
May 04, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 7636  
TALLAHASSEE, FL 32314 US

## New Principal Place of Business:

3216 NEKOMA LANE  
UNIT C  
TALLAHASSEE, FL 32314 US

## Current Mailing Address:

PO BOX 7636  
TALLAHASSEE, FL 32314

## New Mailing Address:

FEI Number: 20-0408505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GRASSROOTS INVESTMENT GROUP, LLC  
PO BOX 7636  
TALLAHASSEE, FL 32314 US

## Name and Address of New Registered Agent:

GRASSROOTS INVESTMENT GROUP, LLC  
3216 NEKOMA LANE  
UNIT C  
TALLAHASSEE, FL 32314 US

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: HARVEY SMITH

05/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GRASSROOTS INVESTMEN, T GROUP, LLC  
Address: PO BOX 7546  
City-St-Zip: TALLAHASSEE, FL 32314

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GRASSROOTS INVESTMEN, T GROUP, LLC  
Address: PO BOX 7636  
City-St-Zip: TALLAHASSEE, FL 32314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARVEY SMITH

MGRM

05/04/2007

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