2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM Secretary of State

ANNU	AL REPORT	
DOCUMENT # L01000 1. Entity Name ROUND UP LLC	002306	
Principal Place of Business	Mailing Address 13918 WEST HILLSBOROUGH TAMPA, FL 33635-9656	AVE.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3670160

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

KELCOURSE, MICHAEL
13918 W. HILLSBOROUGH AVE
TAMPA, FL 33635-9656

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

tue opligat	ions of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable.	(NOTE, Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAĠÍNĠ MĒMBĒRS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR KOEPPL, MARGUERITE 13918 WEST HILLSBOROUGH AVE. TAMPA, FL 336359656	U00000233091 (12/17/05-80027-004 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the Information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

alp

2/15/05

727-784-4443

Date

Daytime Phone #