2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013329

1. Entity Name ROOTHOLD, LLC



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

ROOTHOLD, LLC 1014 NELSON'S WALK NAPLES, FL 34102 Mailing Address

1014 NELSON'S WALK NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0451512 Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORTUNE, PETER 1014 NELSON'S WALK NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and ac-	
SIGNATURE.	Signature, typed or printed name of registered earnt and title if applicable.			
F	lling Fee is \$50.00 ue by May 1, 2006	(NOTE Registered Agent signature required when reinstating)	DATE	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTUNE, PETER 1014 NELSON'S WALK NAPLES, FL 34102			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTUNE, JOAN V 1014 NELSON'S WALK NAPLES, FL 34102		14/06/11 01/17/06-80802-012 50. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 illimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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1/6/2006

(239)434-0356