

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-13-2004 90332 003 ****50.00

DOCUMENT # L03000002877

1. Entity Name
ROUND TABLE PROPERTIES, L.L.C.



Principal Place of Business
**4745 SUTTON PARK COURT
SUITE 501
JACKSONVILLE, FL 32224**

Mailing Address
**4745 SUTTON PARK COURT
SUITE 501
JACKSONVILLE, FL 32224**

34004836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

11-3677791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTLETT, BARON L ESQ.
135 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LENDRY, BRYAN
4745 SUTTON PARK COURT
JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAUSEND, THOMAS
4745 SUTTON PARK COURT
JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-02-04 904-992-200

Date

Daytime Phone #