2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90010 011 ****50.00 **DOCUMENT # L03000002877** ROUND TABLE PROPERTIES, L.L.C. Principal Place of Business Mailing Address **4745 SUTTON PARK COURT** 4745 SUTTON PARK COURT SUITE 501 SUITE 501 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 11-3677791 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Christopher J. Hurst</u> BARTLETT, BARON L ESQ. Street Address (P.O. Box Number is Not Acceptable) 4540 Southside Blvd., Suite 135 PROFESSIONAL DRIVE **SUITE 101** PONTE VEDRA BEACH, FL 32082 FL <u>Jacksonville</u> 8. The above named entity submits this state se of changing its registered office or registered agent, or both, in the State of Florida. I arn familiar with, and accept the obligations of registered agent. it signature required when reinstating) Filing Fee is \$50,00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE · Delete TITLE ☐ Change ☐ Addition LENDRY, BRYAN NAME NAME STREET ADDRESS 4745 SUTTON PARK COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DAUSEND, THOMAS NAME STREET ADDRESS 4745 SUTTON PARK COURT STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32224 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Kyan J. Lendru