

# **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