2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056691

Entity Name: THE ROUNDTABLE FUNDS, LLC

ELSBERRY, LAWRENCE G

121 24ST AVENUE SW

RUSKIN, FL 33570 US

Name:

Address:

City-St-Zip:

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 911 HICKORY FORK DRIVE SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** 911 HICKORY FORK DRIVE SEFFNER, FL 33584 FEI Number: 20-0551647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIFORD, LYNDA K 911 HICKORY FORK DRIVE SEFFNER, FL 33584 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ELSBERRY, DONALD L Name: Name: 922 BUNKERVIEW DRIVE Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILLIFORD, LYNDA K Name: Name: Address: 911 HICKORY FORK DRIVE Address: City-St-Zip: SEFFNER, FL 33584 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition GULLICK, CHARIS R GULLICK, CHARIS R Name: Name: 4629 VINTAGE DRIVE Address: Address: 4722 OAK RUN DRIVE City-St-Zip: SARASOTA, FL 34243 US City-St-Zip: SARASOTA, FL 34243 US Title: MGRM () Delete Title: () Change () Addition ELSBERRY, LORI D Name: Name: Address: 13625 LARAWAY DRIVE Address: City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LYNDA KAY WILLIFORD MGRM 01/24/2006