2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056691

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

ELSBERRY, LAWRENCE G

121 24ST AVENUE SW

RUSKIN, FL 33570 US

Entity Name: THE ROUNDTABLE FUNDS, LLC

FILED Apr 23, 2008 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: () Change () Addition GULLICK, CHARIS R Name: Name: 4722 OAK RUN DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34243 US City-St-Zip: () Delete Title: MGRM Title: () Change () Addition ELSBERRY, LORI D Name: Name: Address: P.O. BOX 3497 Address: City-St-Zip: APOLLO BEACH, FL 33572 US City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: LYNDA KAY WILLIFORD MGRM 04/23/2008