


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000071732		
1. Entity Name ROUND TOP RV, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 26 AM 11:13

Principal Place of Business 7800 PERSIMMON TREE LANE, SUITE 100 BETHESDA MD 20817	Mailing Address 7800 PERSIMMON TREE LANE, SUITE 100 BETHESDA MD 20817
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

PS

2nd MOORE CR2E083 (5/05)

4. FEI Number 20-1706206		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIVERSIFIED INVESTMENTS SERVICES, LLC 701 N. HERCULES, SUITE F CLEARWATER FL 33765		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By: September 7, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAASE, BARRY L 7800 PERSIMMON TREE LANE, SUITE 100 BETHESDA MD 20817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800060222738
10/04/05-01000-007 **\$50.00

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 Statute, 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 the owner, member, or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGN