

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90090 022 \*\*\*\*50.00

**DOCUMENT # L05000054994**

1. Entity Name  
ROUNDTABLE GROUP, LLC



Principal Place of Business  
4141 NW 37TH PLACE STE A  
GAINESVILLE, FL 32606

Mailing Address  
4141 NW 37TH PLACE STE A  
GAINESVILLE, FL 32606

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-LLC

CR2E083 (12/06)

4. FEI Number  
20-2968663

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MCINTOSH, THOMAS P JR  
4141 NW 37TH PLACE STE A  
GAINESVILLE, FL 32606

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MCINTOSH, THOMAS  
STREET ADDRESS 13205 SW 3RD AVE  
CITY-ST-ZIP NEWBERRY, FL 32669 ☐ Delete

TITLE MGR  
NAME BANKS, JEANNETTE  
STREET ADDRESS 99 NW 1ST AVE  
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☒ Delete

TITLE MGR  
NAME ROSE, JANET  
STREET ADDRESS 99 NW 1ST AVE  
CITY-ST-ZIP HIGH SPRINGS, FL 32643 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR  
NAME George Banks  
STREET ADDRESS 320 NE Santa Fe Blvd  
CITY-ST-ZIP High Springs, FL 32643 ☐ Change ☒ Addition

TITLE MGR  
NAME Bob Betterton  
STREET ADDRESS 320 NE Santa Fe Blvd  
CITY-ST-ZIP High Springs, FL 32643 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #