


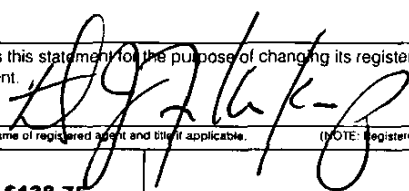
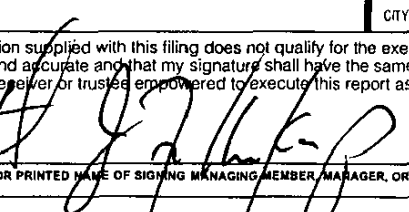
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 029 ***138.75

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DOCUMENT # L07000030271			
1. Entity Name ROTUNDA GROUP CA, LLC			
Principal Place of Business 3443 HANCOCK BRIDGE PKWY 5 CAPE CORAL, FL 33903 US		Mailing Address 3443 HANCOCK BRIDGE PKWY 5 CAPE CORAL, FL 33903 US	
2. Principal Place of Business - No P.O. Box # 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		3. Mailing Address 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903	
Zip 33903	Country US	Zip 33903	Country US
4. FEI Number 20-8676256		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 MAXWELL, JACK 3443 HANCOCK BRIDGE PKWY 5 CAPE CORAL, FL 33903		7. Name and Address of New Registered Agent Name Jack Maxwell Street 3443 Hancock Bridge Parkway (Suite 301) N. Fort Myers, FL 33903 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  DATE 2-4-08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAXWELL, JACK 3443 HANCOCK BRIDGE PKWY #5 CAPE CORAL, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maxwell, Jack <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903
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
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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:  DATE 2-4-08 239-995-4884			