


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90030 021 ****50.00

DOCUMENT # M01000002581

1. Entity Name
THE FATHER'S TABLE, L.L.C.



Principal Place of Business
**2100 COUNTRY CLUB ROAD
 SANFORD, FL 32711**

Mailing Address
**2100 COUNTRY CLUB ROAD
 SANFORD, FL 32711**

DO NOT WRITE IN THIS SPACE



04222005No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3497806 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GRAY, N. DWAYNE JR
 GREENSPOON MARDER ET AL
 201 E PINE STREET, STE 500
 ORLANDO, FL 32801**

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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: *N. Dwayne Gray, Jr.* DATE: 4/27/05

Signature of Registered Agent, Secretary, or other officer and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GILARDI MANAGEMENT SERVICES LLC 615 COPELAND MILL ROAD STE. 1-D WESTERVILLE, OH 43081 |
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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 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: *N. Dwayne Gray, Jr.* DATE: 4/27/05 DAYTIME PHONE #: 407-425-6559

SIGNATURE MUST BE PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE