## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001294  1. Entity Name								FILED  01 APR 30 (PM-12: 24  SECRETARY OF STATE TALLAHASSEE, FLORIDA					
ROMA II, LTD.								91 APR	30 (1814 12) 8	Ħ			,
Dringing I Dtg	an of Dunings	<del></del>						SECRET	CSEE FLORIDA	Á			
Principal Place of Business Mailing Address .  27625 WATERFORD WAY					:								•
Principal Place of Business     Address     Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			Cit	City & State				+ KO-2E9E2NO			Applied For	ole	
Zip Country			Zip	Zip Cour				5. Certificate of Status Desired S8.75 Fee Req			Additional		
	6. Name a	and Address of Curren	t Registe	red Agent		Name		7. Name and A	ddress of New Regis	tered A	jent		7
Roma, Ron G 27625 Waterford Way						Street Address (P.O. Box Number is Not Acceptable)							$\dashv$
WESLEY CHAPEL FL 33544							·····			- <u>-</u> -			7
						City				FL	Zip	Code	
8. The above	named entity	submits this statement f	or the pur	pose of changing its	register	ed office or r	registere	d agent, or both,	in the State of Florida.				
SIGNATURE	Signature, typed or	printed name of registered agen	t and title if ap	oplicable. (NOT	. Registere	d Agent signature	e required v	hen reinstating)		DATE			
9. Capital Contributions as Shown on record. \$300.00 In FLORIDA to caste						butions			11. MAKE CHECK PA SEE REVERSE SI				
		ENERAL PARTNER General Partners Ma									er.		
12.		GENERAL PARTNE			13.	<u> </u>			ADDRESS CHANGE				$\exists$ $\Box$
DOCUMENT # NAME	P960001011 ROMA VENT				STRE	ET ADDRESS							{
	27625 WATE	ERFORD WAY IAPEL FL 33544			CITY	-ST-ZIP		*	<del>., </del>				
DOCUMENT # NAME	P960001010 ROMA VENT	TURE II, INC.			STRE	ET ADDRESS						<del>-</del>	
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STREET ADDRESS CITY-ST-ZIP					CITY	- ST- ZIP							
indicated	on this report i	nformation supplied with s true and accurate and moowered to execute the	i that my s	signature shall hav∋th	ie same	legal effect	as if ma	tion 119.07(3)(i), de under oath; th	Florida Statutes. I furth at I am a General Part	er certify ner of th	that the	ne information ed partnership	or

SIGNATURE: \_

relies Pileonagui

4-25-0

(813)973-0391

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Daytime Phone #