

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035704

FILED
Mar 03, 2006
Secretary of State

Entity Name: ROMA CAPITAL VENTURE ONE, LLC

Current Principal Place of Business:

28322 LINDENHURST DRIVE
WESLEY CHAPEL, FL 335442859

New Principal Place of Business:

Current Mailing Address:

28322 LINDENHURST DRIVE
WESLEY CHAPEL, FL 335442859

New Mailing Address:

FEI Number: 20-1108998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROMA, ROY D
28322 LINDENHURST DRIVE
WESLEY CHAPEL, FL 335442859 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROMA CAPITAL VENTUR, E, LLC
Address: 28322 LINDENHURST DRIVE
City-St-Zip: WESLEY CHAPEL, FL 335442859

Title: MGR () Delete
Name: ROMA, ROY D
Address: 28322 LINDENHURST DRIVE
City-St-Zip: WESLEY CHAPEL, FL 335442859

Title: MGR () Delete
Name: ROMA, VICKI R
Address: 28322 LINDENHURST DRIVE
City-St-Zip: WESLEY CHAPEL, FL 335442859

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROY D ROMA

MGR

03/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date