

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110762

FILED
Mar 18, 2008
Secretary of State

Entity Name: DROBETA REALTY GROUP LLC

Current Principal Place of Business:

5126 NORTH HABANA AVE.
TAMPA, FL 33614

New Principal Place of Business:

5126 NORTH HABANA AVE.
102
TAMPA, FL 33614

Current Mailing Address:

5126 NORTH HABANA AVE.
TAMPA, FL 33614

New Mailing Address:

5229 69PL
2
QUEENS, NY 11378

FEI Number: 22-3971157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: ROMERICUS, JOHN
Address: 5126 NORTH HABANA AVE.
City-St-Zip: TAMPA, FL 33614

Title: S (X) Delete
Name: ROMERICUS, JOHN
Address: 5126 NORTH HABANA AVE.
City-St-Zip: TAMPA, FL 33614

Title: T (X) Delete
Name: ROMERICUS, MARIA D
Address: 5126 NORTH HABANA AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROMERICUS, JOHN
Address: 5229 69 PL
City-St-Zip: QUEENS, NY 11378

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 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: JOHN ROMERICUS

MGR

03/18/2008

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