

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

03

FILED

03 APR 30 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117545  
Entity Name  
ROMAN OFFICER INC

**DO NOT WRITE IN THIS SPACE**

1. Principal Place of Business  
1500 Bay Rd  
Suite, Apt. #, etc.  
#438  
City & State  
Miami Beach Fl  
Zip Country  
33139

3. Mailing Address  
SAME  
Subs., Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
16-1635510  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent  
Name  
Linda E Rouleau  
Street Address (P.O. Box Number is Not Acceptable)  
1500 BAY RD # 438  
City  
Miami Beach FL Zip Code  
33139

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

| MANAGING MEMBER |                      | MANAGER        |  |
|-----------------|----------------------|----------------|--|
| NAME            | P Linda E Rouleau    | TITLE          |  |
| STREET ADDRESS  | 1500 Bay Rd # 438    | NAME           |  |
| CITY-STATE-ZIP  | Miami Beach Fl 33139 | STREET ADDRESS |  |
|                 |                      | CITY-STATE-ZIP |  |
| NAME            | V David X Kenney     | TITLE          |  |
| STREET ADDRESS  | 1500 Bay Rd # 438    | NAME           |  |
| CITY-STATE-ZIP  | Miami Beach Fl 33139 | STREET ADDRESS |  |
|                 |                      | CITY-STATE-ZIP |  |
| NAME            |                      | TITLE          |  |
| STREET ADDRESS  |                      | NAME           |  |
| CITY-STATE-ZIP  |                      | STREET ADDRESS |  |
|                 |                      | CITY-STATE-ZIP |  |
| NAME            |                      | TITLE          |  |
| STREET ADDRESS  |                      | NAME           |  |
| CITY-STATE-ZIP  |                      | STREET ADDRESS |  |
|                 |                      | CITY-STATE-ZIP |  |

600018478356  
05/03/03--01015--012 \$150.00

**DO NOT WRITE IN THIS SPACE**

CR2E083B (12/01)

I hereby certify that the information supplied with this filing does not qualify for the exemption 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 808, Florida Statutes.

SIGNATURE Linda Rouleau Inc 4/28/03 786-276-7245  
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED REPRESENTATIVE Date Daytime Phone #

214730