2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 19 AM 9:11

DOCUMENT # A95000002037

1. Entity Name
ROMAR GROUP, LTD.

Principal Place of Business	Mailing Address
7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314

01062006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. ~~14201 W. Sunrise Blvd~~ Suite 201	Suite, Apt. #, etc. ~~14201 W. Sunrise Blvd~~ Suite 201
City & State ~~Sunrise~~, FL 33323	City & State ~~Sunrise~~, FL 33323
Zip / Country	Zip / Country

4. FEI Number 65-0628997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIELS, NICHOLAS M THERREL BAISDEN MEYER & WEISS ONE SE THIRD AVE #2400 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000096874	STREET ADDRESS	~~14201 W. Sunrise Blvd~~ Suite 201
NAME	MURO, INC.	CITY-ST-ZIP	~~Sunrise~~, FL 33323
STREET ADDRESS	7320 GRIFFIN ROAD, SUITE 203		
CITY-ST-ZIP	DAVIE, FL 33314		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	700065000897
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ AS PRESIDENT OF CORPORATE GENERAL PARTNER _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #