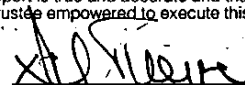


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314			Mailing Address 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314		
2. Principal Place of Business Suite, Apt. #, etc. 14201 W. Sunrise Blvd Suite 201		3. Mailing Address Suite, Apt. #, etc. 14201 W. Sunrise Blvd Suite 201			
City & State Sunrise, FL 33323		City & State Sunrise, FL 33323		01062006 Chg-LP CR2E003 (11/05)	
Zip Country		Zip Country		4. FEI Number 65-0628997	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent - DANIELS, NICHOLAS M THERREL BAISDEN MEYER & WEISS ONE SE THIRD AVE #2400 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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	
NAME	MURO, INC.		CITY-ST-ZIP	Suite 201	
STREET ADDRESS	7320 GRIFFIN ROAD, SUITE 203		CITY-ST-ZIP	Sunrise, FL 33323	
CITY-ST-ZIP	DAVIE, FL 33314				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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 CO-OWNERS GENERAL PARTNER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE