

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003521

Entity Name: ROMM, L.L.C.

FILED  
May 16, 2008  
Secretary of State

**Current Principal Place of Business:**

2090 NE 163RD STREET  
N. MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

2090 NE 163RD STREET  
N. MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-1093360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHWEIGER, JEFFREY  
2090 NE 163RD STREET  
N. MIAMI BEACH, FL 33162      US

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: SCHWEIGER, JEFF  
Address: 2090 NE 163RD STREET  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: MGRM      ( ) Delete  
Name: SCHWEIGER, LARRY  
Address: 2090 NE 163RD STREET  
City-St-Zip: N. MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

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: JEFF SCHWEIGER

VP

05/16/2008

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