


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90039 038 \*\*\*\*50.00

DOCUMENT # L01000009455	
1. Entity Name ROMAR HOLDINGS, LLC	

Principal Place of Business 14560 FITZPATRICK RD. MIAMI FL 33014	Mailing Address 14560 FITZPATRICK RD. MIAMI FL 33014
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business 201 CRANDON BLVD. APT# 344	3. Mailing Address 201 CRANDON BLVD APT. # 344
Suite, Apt. #, etc. APT# 344	Suite, Apt. #, etc. APT. # 344
City & State KEY BISLAYNE FL	City & State KEY BISLAYNE, FL
Zip 33149 Country USA	Zip 33149 Country USA

4. FEI Number 65-1115217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FLEMING, MARK 14560 FITZPATRICK RD. MIAMI FL 33014	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME FLEMING, MARK	
STREET ADDRESS 14560 FITZPATRICK RD.	
CITY-ST-ZIP MIAMI LAKES FL 33014	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEMING, MARK	
STREET ADDRESS 201 CRANDON BLVD. # 344	
CITY-ST-ZIP KEY BISLAYNE, FL 33149	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: Rozana Fleming Date: 3-7-05 305  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #: 934-2595