


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90025 024 ***138.75

| | | |
|------------------------------------|--|---|
| DOCUMENT # L01000012456 | |  |
| 1. Entity Name ROMANAJA, L.L.C. | | |

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| Principal Place of Business 5630 HANSEL AVENUE ORLANDO, FL 32809 US | Mailing Address 5255 ALAVISTA DR. ORLANDO, FL 32837 US |
|---|--|

60038477



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|--|---------|--|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 5630 HANSEL AVENUE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Orlando FL | |
| Zip | Country | Zip | Country |
| 32809 | USA | 32809 | USA |

03172008 Chg-LLC CR2E083 (12/06)

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|---|--|--|
| 4. FEI Number 57-1173655 | | Applied For <input type="checkbox"/> Not Applicable |
| 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 CABEZA, ROMULO J 5255 ALAVISTA DR. ORLANDO, FL 32837 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

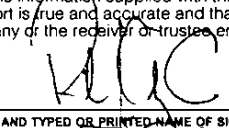
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CABEZA, ROMULO J 5255 ALAVISTA DR. ORLANDO, FL 32837 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEPITONE, ANA J 5255 ALAVISTA DR. ORLANDO, FL 32837 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 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.

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|---|----------------|--------------------------------|
| SIGNATURE:  | Date: 04/30/08 | Daytime Phone #: (407) 8736541 |
|---|----------------|--------------------------------|