

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-01000012456

1. Entity Name

ROMANAJA L.L.C.

FILED

03 AUG -6 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

39440

2. Principal Place of Business

5255 Alavista Dr.  
Suite, Apt. #, etc.

3. Mailing Address

5255 Alavista Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

57-1173655

Applied For

Not Applicable

Zip

32833

Country

Orange

Zip

32833

Country

Orange

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Don L. Brown

Street Address (P.O. Box Number is Not Acceptable)

200 North Thornton Avenue

City

Orlando

FL

Zip Code

32801

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]* (MGR)

07/01/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

## 9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Romulo Jose Cabeza 5255 Alavista Dr. Orlando, FL 32833	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700022084067 08/06/03--01011--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500021380505 07/04/03 01035 005 \$155.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> 02-03
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALI

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08/01/03

Date

Daytime Phone #

CR2E083B (12/01)