2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000006376

1. Entity Name
ROOMERS, L.L.C.

Principal Place of Business	Mailing Address
375 MICHAELANGELO OSPREY, FL	PO BOX 1569 NOKOMIS, FL

02072006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
41-2098971

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, GREGORY C
341 VENICE AVE. WEST
VENICE, FL

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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 (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000439607
03/02/06-80008-014 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	~~SIGMUND~~ PAMELA Sigmund
STREET ADDRESS	P.O. BOX 1569
CITY-ST-ZIP	NOKOMIS, FL 34274
TITLE	MGRM
NAME	LITZELL, RONALD
STREET ADDRESS	4411 BEE RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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*.

SIGNATURE: [signature] Pamela Sigmund 2/16/06 941-497-2763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #