


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L02000006376 1. Entity Name ROOMERS, L.L.C.	
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Principal Place of Business 375 MICHAELANGELO OSPREY, FL	Mailing Address PO BOX 1569 NOKOMIS, FL
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03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2098971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, GREGORY C 341 VENICE AVE. WEST VENICE, FL

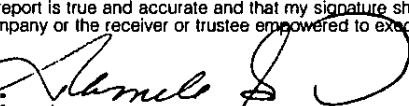
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIGMUNO, PAMELA P.O. BOX 1569 NOKOMIS, FL 34274
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LITZELL, RONALD 4411 BEE RIDGE RD SARASOTA, FL 34233
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<p>U000000675000 03/30/07-80001-018 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  PAMELA SIGMUNO 3/15/07 941-497-2763	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #