## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010907

## FILED Feb 10, 2004 8:00 am Secretary of State 02-10-2004 90107 024 \*\*\*\*50.00

1. Entity Name KING ROMAIN LLC								
Principal Place of Business 5860 S.W. 86 STREET MIAMI, FL 33143		Mailing Address 199 OCEAN LANE DRIVE, SUITE 1114 KEY BISCAYNE, FL 33149					OF ARTHURAN STATES OF THE FRANCISCO	1551 EU (1 <b>3</b> 51
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01272004	Chg-LLC	CR2E083 (10/03)	
City & State	3	City & State		4. FEI Numbe	b FOR()ろつ		plied For t Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7Name and	Address of New F	Registered Agent	
	N LANE DRIVE	Street Addr		Street Address	is (P.O. Box Number is Not Acceptable)			
SUITE 111 KEY BISC	4 AYNE, FL 33149	6	ļ					
				City	FL Zip Code			
	named entity submits this statement for ons of registered agent.	or the purpose of changing it	ts registere	ed office or registe	red agent, or bo	h, in the State of Fl	orida. I am familiar with,	and accept
SIGNATURE.	Signature, lyped or printed name of registered agent	and title if applicable. (NC	OTE: Registered	d Agent signature require	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2004							ke check payable to a Department of Stat	e
9.	MANAGING MEMB	ERS/MANAGERS	S/MANAGERS 10.			ADDITIONS		
TITLE NAME	MGR DESVIGNE, DIDIER. 199 OCEAN LANE DRIVE, SUITE 1114			E			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	KEY BISCAYNE, FL 33149	E 1114	1114 STREET ADDRESS CITY-ST-ZIP					
TITLE	2 2000		TITLE	1		,	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE		☐ Delete II					☐ Change	☐ Addition
STREET ADDRESS	RESS			ET ADDRESS				<del></del>
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP	<del>-</del>		☐ Change	Addition
NAME STREET ADDRESS		22 3000	NAM				_ ,	<del></del>
CITY-ST-ZIP		·	CITY	-ST-ZIP				
TITLE NAME		[_] Delete	TITLE NAM				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	·			ET ADDRESS -ST-ZIP				İ
TITLE NAME		Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS -ST-ZIP				
11. I hereby	I certify that the information supplied wit on this report is true and accurate an	d that my/signature shall hav	for the exe	mption stated in Se legal effect as if	made under oatl	n; that I am a mana	. I further certify that the i	nformation er of the
limited lia	bility company or the receiver or trust	ee empowered to execute the	is report as	s required by Cha <sub>l</sub>	pter 608, Florida	Statutes.	_	:
SIGNAT	URE: JULIUS SIGNATURE AND TYPED ON PRINTED NAME	LE SUSMING HANDS ASSESSED TO	<u>.                                    </u>	AUTHODIZED BEDDE	ENTATIVE	58/05/C	Daytime Phone #	
L	SIGNATURE AND TIPED ON PHINTED NAME	O. JOHNSON MANAGING MEMBER, N				Abra {	Dayanie Frione #	