


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L02000017025</b><br>1. Entity Name<br>1302 ROME, LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>1302 ROME AVENUE<br>SARASOTA FL 34243 | Mailing Address<br>1302 ROME AVENUE<br>SARASOTA FL 34243 |
|--|--|



|  |                     |   |
|--|---------------------|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  | 1st MOORE CR2E083 (10/06)   |
| Suite, Apt. #, etc                             | Suite, Apt. #, etc. |   |
| City & State                                   | City & State        | 4. FEI Number <b>45-0483607</b>   |
| Zip  | Country             | Applied For<br><input type="checkbox"/> Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>DANY KRIST MANAGEMENT, LLC<br>1302 ROME AVENUE<br>SARASOTA FL 34243 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|--|

**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 signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR <input type="checkbox"/> Delete<br>DANY KRIST MANAGMENT, LLC<br>1302 ROME AVENUE<br>SARASOTA FL 34243 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000694171<br>04/17/07-80007-008 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:** DANY KRIST **DANY KRIST** 4/10/07 (941) 351-4445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deferna Phone #