2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002298

1. Entity Name
VILLA ROMA, L.L.C.

Principal Place of Business	Mailing Address
850 RIVERHAVEN DRIVE SUWANEE, GA 30024	P.O. BOX 714 SUWANEE, GA 30024

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20065753

07232005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
54-2098360	Not Applicable

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

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6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

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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 _____

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

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BURNS, THOMAS
STREET ADDRESS	P.O. BOX 714
CITY-ST-ZIP	SUWANEE, GA 30024
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	
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 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 608, Florida Statutes.

SIGNATURE: _____ Tom BURNS   7-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #