

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000002298

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



Principal Place of Business
850 RIVERHAVEN DRIVE
SUWANEE, GA 30024

Mailing Address
P.O. BOX 714
SUWANEE, GA 30024



07112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2098360

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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: _____

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 6, 2006

U000000571454
07/20/06-80010-002 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BURNS, THOMAS P.O. BOX 714 SUWANEE, GA 30024 |
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-12-06 770-329-8480

Date

Daytime Phone #