


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000002298 1. Entity Name VILLA ROMA, L.L.C.	
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Principal Place of Business 850 RIVERHAVEN DRIVE SUWANEE, GA 30024	Mailing Address P.O. BOX 714 SUWANEE, GA 30024
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 54-2098360	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 CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST, FL 32137
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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: _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

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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<p>U000000346636 05/30/08-60058-005 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  T. BURNS	4-30-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>