


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90048 008 \*\*\*\*50.00

<b>DOCUMENT # L03000015209</b>					
<b>1. Entity Name</b> ROMAN ROSELAWN, LLC					
<b>Principal Place of Business</b> 9880 NE GASPARILLA PASS BOCA GRANDE, FL 33921			<b>Mailing Address</b> PO BOX 1007 BOCA GRANDE, FL 33921		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		07072004    Chg-LLC    CR2E083 (10/03)			
<b>4. FEI Number</b> 050568255				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TAYLOR, BARBARA 9880 NE GASPARILLA PASS BOCA GRANDE, FL 33921			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <i>Barbara Taylor</i> <small>Signature, typed or printed name of registered agent or officer if applicable.</small>			(NOTE: Registered Agent signature required when retaining) <i>retained</i> 7/20/2004    DATE		
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <del>Jules Roman</del> 15268 Bealfred Dr., Fenton, MI 48430		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MGRM Jules Roman 15268 Bealfred Dr. Fenton, MI 48430
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <del>Ann Roman</del> 15268 Bealfred Dr., Fenton, MI 48430		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MGR Ann Roman 15268 Bealfred Dr. Fenton, MI 48430
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
<b>SIGNATURE:</b> <i>Ann Roman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/20/2004    810-750-6993 <small>Date    Daytime Phone #</small>		

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