2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019387

Entity Name: NANCY ROMAINE REALTOR, LLC

2319 PARSONS AVENUE

MELBOURNE, FL 32901

Address:

City-St-Zip:

FILED May 04, 2006 Secretary of State

| Current | Principal Place of Business: | New Principal Place of | New Principal Place of Business: | |
|----------------------------|---|--|--|--|
| | RSONS AVENUE JRNE, FL 32901 | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| | RSONS AVENUE JRNE, FL 32901 | | | |
| In accord | er: 74-3045459 FEI Number Appl ance with s. 607.193(2)(b), F.S., the lim nd Address of Current Register | ited liability company did not receive the prior notice. | Certificate of Status Desired() New Registered Agent: | |
| DEESE, 307 EAS | THOMAS MICHAEL T LINCOLN AVENUE JRNE, FL 32901 US | | | |
| | ve named entity submits this state ate of Florida. | ment for the purpose of changing its registered | office or registered agent, or both | |
| SIGNAT | URE: | | | |
| | Electronic Signature of R | egistered Agent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: Name: | MGR () Delete ROMAINE, NANCY | Title: (Name: |) Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY ROMAINE MRS 05/04/2006