

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024503

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: JEWELL ROMAN LLC

**Current Principal Place of Business:**

PO BOX 1930  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

4420 13TH WAY NE  
ST. PETERSBURG, FL 33703 US

**Current Mailing Address:**

PO BOX 1930  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 20-0071906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEWELL, JOHN F ESQ.  
140 7TH AVENUE SOUTH COB320  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JEWELL, JOHN F ESQ.  
Address: POST OFFICE BOX 1930  
City-St-Zip: ST. PETERSBURG, FL 33731 US

Title: MGRM ( ) Delete  
Name: ROMAN, DEBRA L  
Address: POST OFFICE BOX 1930  
City-St-Zip: ST. PETERSBURG, FL 33731 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ROMAN, DEBRA L ASLA  
Address: POST OFFICE BOX 1930  
City-St-Zip: ST. PETERSBURG, FL 33731 US

I hereby certify that the information supplied with this filing does not qualify 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: JOHN F JEWELL

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date