2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024979

ROMEMONU, LLC

Mailing Address

Principal Place of Business 4434 NORTH BAY ROAD MIAMI BEACH, FL 33140

4434 NORTH BAY ROAD MIAMI BEACH, FL 33140

FILED Apr 30, 2007 08:00 Al Secretary of State



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Numb 20-01/92/785

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BERKOWITZ, ABBEY 4434 NORTH BAY ROAD MIAMI BEACH, FL 33140			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. Signature, typod 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 May 1, 2007				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM BERKOWITZ, ABBEY 4434 NORTH BAY ROAD MIAMI BEACH, FL 33140			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZiP			0,01,00000 010 00.00	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information				

I nereby certify that the information supplied with this liting 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 em a managing member or manager of the limited liability company or the receiver or trustee empoyed 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

Daytime Phone #