2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2006
Secretary of State

DOCUMENT# L03000032358

Entity Name: THE MAROME AGENCY, LLC

Current Principal Place of Business:

2646 NW 4TH STREET
SUITE 1
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2646 NW 4TH STREET
SUITE 1
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 43-2022670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, ANTHONY
2646 NW 4TH STREET
SUITE 1
FORT LAUDERDALE, FL 33311 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: JACKSON, ANTHONY
Address: 2646 NW 4TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MGRM ( ) Delete
Name: JACKSON, APRIL
Address: 221 AKERS RIDGE DRIVE
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: JACKSON, APRIL
Address: 6300 POWERS FERRY ROAD, SUITE 600-149
City-St-Zip: ATLANTA, GA 30339

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: APRIL JACKSON MGRM 08/28/2006

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