
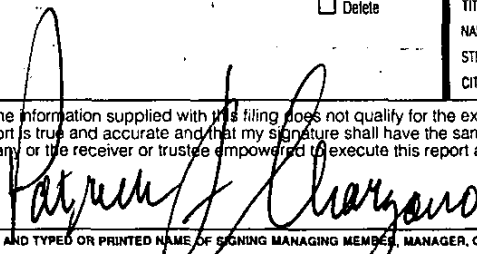


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90596 005 ****50.00

DOCUMENT # L03000033647 1. Entity Name ROMAR MANAGEMENT, L.L.C.					
Principal Place of Business 1191 E. NEWPORT CENTER DR., STE. 103 DEERFIELD BEACH, FL 33442			Mailing Address 1191 E. NEWPORT CENTER DR., STE. 103 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business WE'VE MOVED			3. Mailing Address WE'VE MOVED		
Suite, Apt. #, etc. NEW ADDRESS: 1660 NW 19th Ave.			Suite, Apt. #, etc. NEW ADDRESS: 1660 NW 19th Ave.		
City & State Pompano Beach, FL 33069			City & State Pompano Beach, FL 33069		
Zip 		Country 		4. FEI Number 20-0221861	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
6. Name and Address of Current Registered Agent MARANZO, PATRICK F 1191 E. NEWPORT CENTER DR., STE. 103 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARANZO, PATRICK F 1191 E. NEWPORT CENTER DR., STE. 103 DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					