



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035438	
1. Entity Name ROMEO LLC	

Principal Place of Business 3006 AVIATION AVE., STE. 4B COCONUT GROVE, FL 33133	Mailing Address 3006 AVIATION AVE., STE. 4B COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE

	
01172005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 06-1722050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
REISMAN, JEROME S 3006 AVIATION AVE., STE. 4B COCONUT GROVE, FL 33133	

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REISMAN, JEROME 3006 AVIATION AVE., STE. 4B COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIBAS, NIVEA R 3006 AVIATION AVE., STE. 4B COCONUT GROVE, FL 33133
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02/07/05-80014-017 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/2/05** **305 856-1852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #