

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053241

FILED
Apr 13, 2005
Secretary of State

Entity Name: ROWMANCE, L.L.C.

Current Principal Place of Business:

12155 5TH ST. EAST
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

12155 5TH ST. EAST
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKALSKI, JOSEPH C
13770 58TH ST. N, STE 304
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

WRIGHT, JEFFREY K
12155 5TH ST. EAST
TREASURE ISLAND, FL 33706 US

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: JEFFREY K WRIGHT

04/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WRIGHT, JEFFREY
Address: 12155 5TH ST. EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGR () Delete
Name: WRIGHT, SUZANNE
Address: 12155 5TH ST. EAST
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WRIGHT, JEFFREY
Address: 12155 5TH ST. EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM (X) Change () Addition
Name: WRIGHT, SUZANNE
Address: 12155 5TH ST. EAST
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY K WRIGHT

MGRM

04/13/2005

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