

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90078 011 \*\*\*\*50.00

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1st MOORE CR2E083 (10/04)

|   |  |                                 |  |   |  |
|---|--|---------------------------------|--|---|--|
| <b>DOCUMENT # L04000026466</b><br>1. Entity Name<br><b>ROMERO BUILDERS, LLC</b>   |  |                                 |  |   |  |
| Principal Place of Business<br><b>2450 SW 137 AVE, STE 226<br/>MIAMI FL 33175</b>   |  |                                 | Mailing Address<br><b>2450 SW 137 AVE, STE 226<br/>MIAMI FL 33175</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address              |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |  |   |  |
| City & State  |  | City & State                    |  |   |  |
| Zip   | Country  | Zip                             | Country  | 4. FEI Number<br><b>20-1167923</b>  |  |
|   |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |  |                                 | 7. Name and Address of New Registered Agent  |   |  |
| <b>ROMERO, JORGE<br/>2450 SW 137 AVE, STE 226<br/>MIAMI FL 33175</b>  |  |                                 | Name<br>_____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 re-registering) DATE _____  |  |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |  |                                 |  |   |  |
| 9. MANAGING MEMBERS / MANAGERS  |  |                                 |  | 10. ADDITIONS / CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>ROMERO, JORGE<br/>2450 SW 137 AVE, STE 226<br/>MIAMI FL 33175</b>       | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>ROMERO, LUIS MIGUEL<br/>2450 SW 137 AVE, STE 226<br/>MIAMI FL 33175</b> | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>ROMERO, ADALBERTO<br/>2450 SW 137 AVE, STE 226<br/>MIAMI FL 33175</b>   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>ROMERO, MARAH<br/>2450 SW 137 AVE, STE 226<br/>MIAMI FL 33175</b>       | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |  |   |  |
| 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 606, Florida Statutes. |  |                                 |  |   |  |
| <b>SIGNATURE:</b> <b>2/6/05</b> <b>(305) 228-4559</b>   |  |                                 |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deletion Phone #   |  |                                 |  |   |  |