


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90285 013 \*\*\*\*55.00

<b>DOCUMENT # L04000050423</b>	
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<b>1. Entity Name</b> ROMANS ROAD PARTNERS, LLC	<b>Principal Place of Business</b> 8402 LAUREL FAIR CIR STE 205 TAMPA, FL 33610	<b>Mailing Address</b> 8402 LAUREL FAIR CIR STE 205 TAMPA, FL 33610
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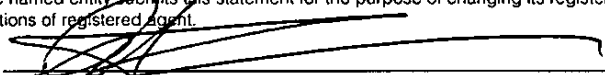
<b>2. Principal Place of Business</b> 9260 Bay Plaza Blvd Suite, Apt. #, etc. 501 City & State Tampa FL Zip 33619 Country USA	<b>3. Mailing Address</b> 9260 Bay Plaza Blvd Suite, Apt. #, etc. 501 City & State Tampa FL Zip 33619 Country USA
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01192006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 56-2463556	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TOOLE, DANA G 2057 DELTA WAY TALLAHASSEE, FL 32303	
<b>7. Name and Address of New Registered Agent</b> Name 1 Street Address (P.O. Box Number is Not Acceptable) 2065 Thomasville Rd Suite 101-102 City Tallahassee FL Zip Code 32302	

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERREIRA, RANDY X 8402 LAUREL FAIR CIR STE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9260 Bay Plaza Blvd Ste 501 Tampa FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAIRIGH, RAYMOND L 8402 LAUREL FAIR CIR STE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9260 Bay Plaza Blvd Ste 501 Tampa FL 33619 <input checked="" 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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #