

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90132 013 ***138.75

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01252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000055066					
1. Entity Name ROMFER, LLC					
Principal Place of Business 1401 BRICKELL AVE STE 320 MIAMI, FL 33131 US			Mailing Address 1401 BRICKELL AVE STE 320 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 54-2156496				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			7. Name and Address of New Registered Agent		
DEBAN INTERNATIONAL LLC 260 CRANDON BLVD #8 KEY BISCAVNE, FL 33149			Name DEBAN INTERNATIONAL LLC Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE STE. 320 City MIAMI FL Zip Code 33131		
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 <u>Manuel Fernandez</u> MANUEL FERNANDEZ, MEMBER 1/29/08 <small>Signature, typed or printed name of registered agent and client applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CESIUM L.C. 1401 BRICKELL AVE STE 320 MIAMI, FL 33131	<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	MGRM DEBAN INTERNATIONAL LLC 1401 BRICKELL AVE STE 320 MIAMI, FL 33131	<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 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: <u>Manuel Fernandez</u> MANUEL FERNANDEZ, MEMBER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date 3/21/08 Daytime Phone # 305 364 3673					