

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086715

Entity Name: ROMA LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

4922 NW 54 STREET
TAMARAC, FL 33319

New Principal Place of Business:

PO BOX 11065
FORT LAUDERDALE, FL 33339 US

Current Mailing Address:

4922 NW 54 STREET
TAMARAC, FL 33319

New Mailing Address:

PO BOX 11065
FORT LAUDERDLAE, FL 33339 US

FEI Number: 81-0666241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANO, RONALD
4922 NW 54 STREET
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

ROMANO, RONALD
PO BOX 11065
FORT LAUDERDALE, FL 33339 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: RONALD ROMANO

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROMANO, RONALD
Address: 4922 NW 54 STREET
City-St-Zip: TAMARAC, FL 33319

Title: MGR () Delete
Name: ROMANO, PIO III
Address: 4922 NW 54 STREET
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROMANO, RONALD
Address: PO BOX 11065
City-St-Zip: FORT LAUDERDALE, FL 33339 US

Title: MGR (X) Change () Addition
Name: ROMANO, PIO III
Address: 3812 SW 30 AVE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RONALD ROMANO

MGR

01/31/2006

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