


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000000810	
1. Entity Name ROMA RANCH, LLC	

Principal Place of Business 105 GATOR BLVD BELLE GLADE, FL 33430	Mailing Address PO BOX 454 -BELLE GLADE, FL 33430
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01082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2089010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBOIS, SILVIE R
 105 GATOR BLVD
 BELLE GLADE, FL 33430

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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 reinstating) DATE _____

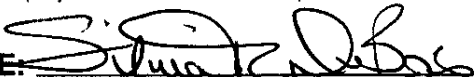
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, FRANCISCO 105 GATOR BLVD. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, ROBERTO 105 GATOR BLVD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBOIS, SILVIA R P.O. BOX 427 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, ADRIAN P.O. BOX 454 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, PABLO P.O. BOX 427 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, CARLOS P.O. BOX 427 BELLE GLADE, FL 33430

U00000854180
 03/26/08-80096-022 138.75

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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:  **3/1/08** **561-996-5108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #