

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000810

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: ROMA RANCH, LLC

**Current Principal Place of Business:**

105 GATOR BLVD  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 454  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 20-2089010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DUBOIS, SILVIA R  
105 GATOR BLVD  
BELLE GLADE, FL 33430 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: SILVIA R DUBOIS

03/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUEZ, FRANCISCO  
Address: 105 GATOR BLVD.  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: RODRIGUEZ, ROBERTO  
Address: 105 GATOR BLVD  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: DUBOIS, SILVIA R  
Address: P.O. BOX 427  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: RODRIGUEZ, ADRIAN  
Address: P.O. BOX 454  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: RODRIGUEZ, PABLO  
Address: P.O. BOX 427  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: RODRIGUEZ, CARLOS  
Address: P.O. BOX 427  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SILVIA R DUBOIS

MGR

03/18/2009

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