2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.05000006578

FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90352 025 ****50.00

1. Entity Narr	ROMEYER N									
Principal Place of Business 5600 COLLINS AVE 11K MIAMI BEACH, FL 33140			Mailing Address 5600 COLLINS AVE 11K MIAMI BEACH, FL 33140		, -	98326				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04262007	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State		4. FEI Number 20-2213		<u>-</u>	— i —	plied For t Applicable	
Zip	<u> </u>		Zip			5. Certificate o	of Status Desired		\$5.00 Add Fee Required	
**	6. Name and	Address of Current F	Registered Agent		Name	7. Name and A	Address of New R	egistered A	Agent	-
STROMEYER, ERIK 5600 COLLINS AVE APT 11K MIAMI BEACH, FL 33140					Street Address (P.O. Box Number	is Not Acceptable)		
					City			FL	Zip Code	
8. The above the obligat	named entity sub ions of registered	omits this statement for agent.	the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flo	rida. 1 am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or print	iled name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature required	I when reinstating)		DATE	 	
Filing Fee is \$50.00 Due by May 1, 2007						:			ayable to ent of State	
9.	·	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	, , , , , , , , , , , , , , , , , , ,	
	r	THE WAY TO THE THE PER	15/11/ WWW. CALLETO				ABBITIONS	OFFICION		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STROMEYER 5600 COLLINS MIAMI BEACH	, ERIK S AVE APT 11K	☐ Delete				Additional	OTATOLO	Change	Addition
NAME STREET ADDRESS	STROMEYER 5600 COLLINS	, ERIK S AVE APT 11K		NAM STRE CITY TITLE NAM STRE	E EET ADORESS -ST-ZIP		ADDITIONS)	- TANGES	☐ Change	Addition
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MOMBER MANAGER OF AUTHORIZED REPRESENTATIVE