

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90046 019 ****50.00

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04142006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000034592					
1. Entity Name ROME VENTURES, LLC					
Principal Place of Business C/O DAVID M. BOGGS, ESQ. 201 N FRANKLIN ST, STE 2000 ONE TAMPA CITY TAMPA, FL 33602			Mailing Address C/O DAVID M. BOGGS, ESQ. 201 N FRANKLIN ST, STE 2000 ONE TAMPA CITY TAMPA, FL 33602		
2. Principal Place of Business 5607 JOHNS RD.		3. Mailing Address 5607 JOHNS RD.			
Suite, Apt. #, etc. 1001		Suite, Apt. #, etc. 1001			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 27-0120387	
Zip 33634		Country HILLSBOROUGH		Applied For Not Applicable	
Zip 33634		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGGS, DAVID M 201 N FRANKLIN ST, STE 2000 TAMPA, FL 33602			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	MGRM ANTHONY S. ITALIANO, SR.		
STREET ADDRESS		STREET ADDRESS	5607 JOHNS RD, STE 1001		
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33634		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME		NAME	MGRM SALVATORE A. ITALIANO		
STREET ADDRESS		STREET ADDRESS	5607 JOHNS RD, STE 1001		
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33634		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Anthony S. Italiano Sr</i>		4/26/06 (813) 254-3883			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	
ANTHONY S. ITALIANO, SR. MANAGING MEMBER					