

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90117 031 \*\*\*\*50.00



**DOCUMENT # L05000034592**  
 1. Entity Name  
**ROME VENTURES, LLC**

Principal Place of Business 5607 JOHNS RD 1001 TAMPA, FL 33634	Mailing Address 5607 JOHNS RD 1001 TAMPA, FL 33634
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 27-0120387	Applied For Not Applicable
Zip	Country	Zip	Country

03152007 Chg-LLC CR2E083 (12/06)



**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: ITALIANO, SR, ANTHONY S  
 Street Address (P.O. Box Number is Not Acceptable): 5607 JOHNS RD, STE 1001  
 City: TAMPA FL Zip Code: 33634

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: *Anthony S. Italiano Sr.* *Anthony S. Italiano, Sr.* DATE: 3/16/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: ITALIANO, ANTHONY S SR STREET ADDRESS: 5607 JOHNS RD STE 1001 CITY-ST-ZIP: TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE: MGRM NAME: ITALIANO, SR, ANTHONY S STREET ADDRESS: 5607 JOHNS RD, STE 1001 CITY-ST-ZIP: TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: ITALIANO, SALVATORE A STREET ADDRESS: 5607 JOHNS RD STE 1001 CITY-ST-ZIP: TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anthony S. Italiano Sr.* *Anthony S. Italiano, Sr.* DATE: 3/16/07 813-254-3883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #