## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 19, 2007 08:00 AN DOCUMENT # L05000047512 **Secretary of State** 1. Entity Name ROMIRO, LLC Principal Place of Business Mailing Address 944 SEAGATE DRIVE 944 SEAGATE DRIVE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 01182007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3310639 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERRY, MARK A DO NOT WRITE 50 S.E. FOURTH AVENUE DELRAY BEACH, FL 33483 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. RIOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Ş. MĀNAGING MĒMBERS/MANAGERS TITLE NAME BUSH, DARYL 944 SEAGATE DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 U00000670346 U3/27/07-80107-022 \$0.00 TITLE BUSH, MARGARET E STREET ADORESS 944 SEAGATE DRIVE CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS City-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with his 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 end 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 employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED