


05-01-2006 90060 042 ***50.00

DOCUMENT # L05000053754				Secretary of State 05-01-2006 90060 042 ****50.00	
1. Entity Name ROHM & ASSOCIATES, LLC					
Principal Place of Business 7600 BAYSHORE DRIVE #801A TREASURE ISLAND, FL 33706		Mailing Address 7600 BAYSHORE DRIVE #801A TREASURE ISLAND, FL 33706			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
04272006		Chg-LLC		CR2E083 (11/05)	
4. FEI Number 72-1601292		Applied For Not Applicable			
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			
8. Name and Address of Current Registered Agent ROHM, PHILIP Q IV 7600 BAYSHORE DRIVE #801A TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM PHILIP Q. ROHM IV 7600 BAYSHORE DR., #801-A TREASURE ISLAND, FL 33706	
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	
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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: PHILIP Q. ROHM IV			Date: 4/27/06 (727) 894-1519		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					