2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # L06000014559 1. Entity Name ROMEL INVESTMENTS, LLC							04-25-2007 90035 018 ****50.00			
Principal Place of Business 6300 N.E. 1ST AVENUE SUITE 300 FORT LAUDERDALE, FL 33334			Mailing Address 6300 N.E. 1ST AVENUE SUITE 300 FORT LAUDERDALE, FL 33334		1 (18/16) (1				15 88) 151 48 9 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042007	Chg-LLC	CR2E	(12/06)		
City & State		City & State			4. FEI Numb		12 12	├─	pplied For ot Applicable	
Zip	Zip Country		Zip Country		5. Certificate	of Status Desired		\$5.00 Ad Fee Require		
	6. Name and Addre	ess of Current R	egistered Agent			7. Name and	Address of New R	egistered	Agent	
					Name					
SADER, ROBERT L 1901 W. CYPRESS CREEK ROAD SUITE 415					Street Addres	ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
FORT LAL	JDERDALE, FL 33	309								
					City			FI		
	named entity submits the tions of registered agent		the purpose of changing its	register	ed office or regi:	stered agent, or bo	oth, in the State of Flo	orida. Lan	n familiar with,	and accept
SIGNATURE	Signature, typed or printed name	a of registered agent an	nd little if applicable. (NOTI	E: Registere	id Agent signature req	uired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007										
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D	ue by May 1, 2007	7	IS/MANAGERS	10. 113L	E		Florida 	Departr	ment of Stat	Addition
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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 flability company of the certification or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ROSCAT KUCHMAN SIGNATURE: RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #