## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 11, 2008 08:00 Al Secretary of State **DOCUMENT # L06000072307** 1. Entity Name ROAN ENTERPRISES, LLC Principal Place of Business Mailing Address 953 MERCY DR 953°MERCY, DR + 1 ORLANDO, FL 32808 ORLANDO, FL 32808 01152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5582869 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent PETERS, ROMA DO NOT WRITE 569 BELLHAVEN FALLS DR OCOEE, FL 34761 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 \_\_ (NOTE: Registered Agent signature required when roinstailing): \*\*\* \* - DATE --Signature, typed or printed name of registered agent and title if applicable. U00000892893 FILE NOWILL FEE IS \$138.75 04/23/08-80082-019 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PETERS, ROMA NAME STREET ADDRESS 569 BELLHAVEN FALLS DR CITY-ST-ZIP OCOEE, FL 34761 TITLE MGRM PETERS, ANTHONY NAME 569 BELLHAVEN FALLS DR STREET ADDRESS CITY-ST-7IP OCOEE, FL 34761 TITLE NAME STREET APPRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS . CITY-ST-ZIP TITLE NAMÈ :

11. I nereby certify that the information supplied with this filling 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 it made under oath, that I am a managing member or manager of the limited liability company or the reactiver or trustee empowered 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

STREET ADDRESS CITY-ST-7/P

Date