


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90252 005 ****50.00

DOCUMENT # L06000082270	
1. Entity Name ROMA O.B., LLC	

Principal Place of Business C/O DACRA DEVELOPMENT 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 <i>C/O ROBERT WOHL</i>	Mailing Address C/O DACRA DEVELOPMENT 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 <i>C/O ROBERT WOHL</i>
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60047846



2. Principal Place of Business - No P.O. Box # 450 N.E. 32ND ST.	3. Mailing Address 450 N.E. 32ND ST.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
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Zip 33137	Country USA	Zip 33137	Country USA
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04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 244-72-3376	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CHATHAM, WALTER C/O DACRA DEVELOPMENT 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	Name WALTER CHATHAM C/O ROBERT WOHL
	Street Address (P.O. Box Number is Not Acceptable) 450 N.E. 32ND ST.
	City MIAMI, FL Zip Code 33137

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 <i>Walter Chatham</i> Signature, typed or printed name of registered agent and title if applicable.	DATE April 23, 07 (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHATHAM, WALTER 580 BROADWAY NEW YORK, NY 10012 <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
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
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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

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.	
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SIGNATURE: <i>Walter Chatham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE April 23, 07 Date	DAYTIME PHONE # Daytime Phone #
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