


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90016 001 *2,693.75

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

Principal Place of Business C/O ROBERT WOHL 450 N.E. 32ND ST MIAMI, FL 33137	Mailing Address C/O ROBERT WOHL 450 N.E. 32ND ST MIAMI, FL 33137
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30010847



2. Principal Place of Business - No P.O. Box # 47 W. WALL ST	3. Mailing Address 47 W WALL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07162008 Chg-LLC CR2E083 (12/06)

City & State FROSTPROOF	City & State FROSTPROOF
Zip 33843	Country USA
Zip 33843	Country USA

4. FEI Number 24-4723376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CHATHAM, WALTER C/O ROBERT WAHL 450 N.E. 32ND ST. MIAMI, FL 33137 47 W. WALL ST FROSTPROOF FL 33843	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

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
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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 606, Florida Statutes.

SIGNATURE: Walter Chatham 8-6-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #