2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# L06000117152

Entity Name: ROMO GROUP, LLC

Current Principal Place of Business:

14411 HAMPSHIRE BAY CIRCLE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

14411 HAMPSHIRE BAY CIRCLE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-8006055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISHKAEI, MOHAMMAD J
14411 HAMPSHIRE BAY CIRCLE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WISHKAEI, MOHAMMAD J	
Address:	14411 HAMPSHIRE BAY CIRCLE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	MGRM	( ) Delete
Name:	LEFEBVRE, GHYSLAIN	
Address:	14411 HAMPSHIRE BAY CIRCLE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	MGRM	( ) Delete
Name:	STEINER, THEODORE F	
Address:	14411 HAMPSHIRE BAY CIRCLE	
City-St-Zip:	WINTER GARDEN, FL 34787	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THEODORE F. STEINER MGRM 02/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date