

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005607

1. Entity Name
ROM-INTERNATIONAL, L.L.C.

Principal Place of Business C/O THOMAS J. DAVIS, JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919	Mailing Address C/O THOMAS J. DAVIS, JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919-1019
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2. Principal Place of Business c/o Thomas J. Davis, Jr. Suite, Apt. #, etc. 150 Alhambra Cr., Ste. 1260	3. Mailing Address c/o Thomas J. Davis, Jr. Suite, Apt. #, etc. 150 Alhambra Cr., Ste. 1260
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134-4535	Country USA

4. FEI Number 65-0952148	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

DAVIS, THOMAS J JR.
4575 VIA ROYALE, SUITE 206
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name
Thomas J. Davis, Jr., Attorney at Law

Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle

Suite 1260

City
Coral Gables

FL Zip Code
33134-4535

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.

SIGNATURE _____ DATE 4/24/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DAVIS, THOMAS J JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Norman A. Carpenter 12403 Nacogdoches, #110 San Antonio, TX 78217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	400003249964--8 -05/12/00--01024--008 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Norman A. Carpenter* 4-25-00 (210) 599-7926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)