


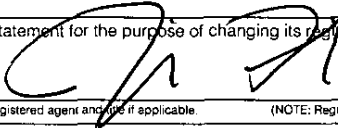

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90006 029 ****50.00

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DOCUMENT # L99000005607			
1. Entity Name ROM-INTERNATIONAL, L.L.C.		Principal Place of Business 10832 N.W. 65TH WAY ALACHUA, FL 32615	
2. Principal Place of Business 426 NW 25TH ST.		3. Mailing Address % JENNIFER C. FINCH 426 NW 25TH ST. GAINESVILLE, FL 32607	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State	
Zip 32607	Country USA	Zip	Country
6. Name and Address of Current Registered Agent FINCH, JENNIFER C 10832 NW 65TH WAY ALACHUA, FL 32615		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 426 NW 25TH ST. City GAINESVILLE FL Zip Code 32607	
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:  DATE: 2/23/04			
Filing Fee is \$50.00 Due by May 1, 2004		check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERVAL FINANCIAL SERVICES., L.C. 12403 NACOGDOCHES, #110206 SAN ANTONIO, TX 78217 <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 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: <u>NORMAN A. CARPENTER</u>  DATE: <u>3/26/04</u> (210) 599-7926 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #			