2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# M05000005056

Entity Name: ROM PROPERTIES, LLC

Current Principal Place of Business:

170 TUBEWAY DRIVE
CAROL STREAM, IL 60188

New Principal Place of Business:

Current Mailing Address:

170 TUBEWAY DRIVE
CAROL STREAM, IL 60188

New Mailing Address:

FEI Number: 20-3435017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PRES ( ) Delete
Name: ROMANELLI, JOSEPH SR.
Address: 170 TUBEWAY DRIVE
City-St-Zip: CAROL STREAM, IL 60188

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CHR (X) Change ( ) Addition
Name: ROMANELLI, JOSEPH SR.
Address: 170 TUBEWAY DRIVE
City-St-Zip: CAROL STREAM, IL 60188

Title: PRES ( ) Change (X) Addition
Name: ROMANELLI, STEVE
Address: 170 TUBEWAY DR
City-St-Zip: CAROL STREAM, IL 60188

Title: VP ( ) Change (X) Addition
Name: BERNDT, WILLIAM
Address: 170 TUBEWAY DR
City-St-Zip: CAROL STREAM, IL 60188

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: WILLIAM BERNDT VP 01/10/2007

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