

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005056

Entity Name: ROM PROPERTIES, LLC

FILED  
Jan 08, 2008  
Secretary of State

**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: CHR ( ) Delete  
Name: ROMANELLI, JOSEPH SR.  
Address: 170 TUBEWAY DRIVE  
City-St-Zip: CAROL STREAM, IL 60188

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

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

**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 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

01/08/2008

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