FILED Feb 18, 2008 8:00 am Secretary of State

ANNUAL REPORT	
OCUMENT # NOCOOO01279	THE

DOCUMENT # N9600001278 1. Entity Name ROME APARTMENTS, INC.								02-18-200	90008 0:	26 ****			
Principal Place of Business Mailing Address 5707 NORTH 22ND STREET 5707 NORTH 22ND STREET TAMPA, FL 33610 TAMPA, FL 33610						:	ąγv	·					
2. Principal Place of Business - No P.O. Box # 3. Ma			B. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232008	Chg-NP	CR2E037	7 (12/06)					
City & State			City & State				4. FEI Numbe 59-3367			_ 	oplied For ot Applicable		
Zíp	Zip Country		Zip	Zip Cou		5. Certificate of Status E				8.75 Add ee Require			
	6. Name and Addr	ress of Current Reg	istered Agent				7. Name and	Address of New	Registered A	gent			
MENTAL L	HEALTH CARE. IN	10			Name								
	TH 22ND STREET				Street Address (P.O. Box Number is Not Acceptable)								
					City					Zip Cod	e		
					,	,			<u>FL</u>	'			
8. The above the obligat	named entity submits t tions of registered agen	this statement for the it.	e purpose of changing it	s registere	ed office or r	registere	ed agent, or botl	n, in the State of F	Florida. I am fa	miliar with,	and accept		
SIGNATURE	Signature, typed or printed name	ne of registered agent and ti	tle if applicable. (NO	TE: Registered	d Agent signature	e required	when reinstating)		DATE				
Filing Fee is \$61.25 Due by May 1, 2008									\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
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10.	Due by May 1, 2		Trust Fund	, -	~ ~		Added to Fees	, ;	orida Departr	nent of St	tate		
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