


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90288 023 ****50.00

DOCUMENT # L03000019761
 1. Entity Name
BLOOMINGDALE BUSINESS PARTNERS, LLC



Principal Place of Business
**3109 LITHIA PINECREST ROAD
 VALRICO, FL 33594**

Mailing Address
**PO BOX 649
 BRANDON, FL 33509-0649**

40010760



2. Principal Place of Business
708 Lithia Pinecrest Rd.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 649
 Suite, Apt. #, etc.

02092006 Chg-LLC CR2E083 (11/05)

City & State
Brandon, FL 33511

City & State
Brandon, FL 33509-0649

Zip Country
33511 USA

Zip Country
33509-0649 USA

4. FEI Number
72-1566014

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SEFCIK, BRIAN S
 3109 LITHIA PINECREST ROAD
 VALRICO, FL 33594**

7. Name and Address of New Registered Agent
 Name
Brian S. Sefcik
 Street Address (P.O. Box Number is Not Acceptable)
708 Lithia Pinecrest Rd. Suite 103
 City
Brandon FL Zip Code
33511

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.

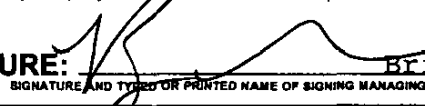
SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEFCIK, BRIAN S 3109 LITAIA PINE CREST RD. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 708 Lithia Pinecrest Rd., Suite 103 Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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:  **Brian S. Sefcik** Date _____ (813) 689-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Days/Week Phone #