# 2008 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

## DOCUMENT # L06000072954

1. Entity Name
**BLOOMINGDALE, LLC**

**60006516**

| Principal Place of Business | Mailing Address |
|---|---|
| 410 W. BLOOMINGDALE AVE<br>BRANDON, FL 33511 | 410 W. BLOOMINGDALE AVE<br>BRANDON, FL 33511 |

02012008     Chg-LLC     CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| Zip | Country | Zip | Country |
|---|---|---|---|

4. FEI Number
~~APPLIED FOR~~

Applied For

[X] Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HINES, JMAES P<br>315 S. HYDE PARK AVENUE<br>TAMPA, FL 33606 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City                          FL    Zip Code |

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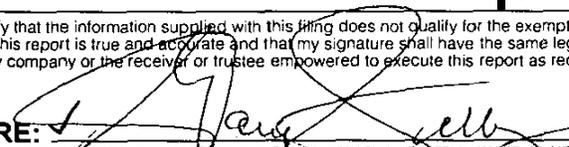
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature required when reinstating)     DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

Make check payable to
Florida Department of State

| 9. | MANAGING MEMBERS / MANAGERS | | 10. | | ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|---|---|
| TITLE | MGRM | [ ] Delete | TITLE | | | [ ] Change | [ ] Addition |
| NAME | SELBY, GARY R | | NAME | | | | |
| STREET ADDRESS | 410 W BLOOMINGDALE AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | CITY-ST-ZIP | | | | |
| TITLE | | [ ] Delete | TITLE | | | [ ] Change | [ ] Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | [ ] Delete | TITLE | | | [ ] Change | [ ] Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | [ ] Delete | TITLE | | | [ ] Change | [ ] Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | [ ] Delete | TITLE | | | [ ] Change | [ ] Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | [ ] Delete | TITLE | | | [ ] Change | [ ] Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

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: _____     2-04-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #