
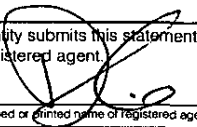
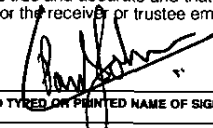


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90416 033 \*\*\*\*50.00

<b>DOCUMENT # L99000004259</b> 1. Entity Name <b>BLOOMINGDALE INTERNATIONAL, LLC</b>					
Principal Place of Business <b>C/O JACK O. HACKETT II, ESQ.                  P.O. DRAWER 511447                  PUNTA GORDA, FL 33951-1447</b>		Mailing Address <b>C/O JACK O. HACKETT II, ESQ.                  P.O. DRAWER 511447                  PUNTA GORDA, FL 33951-1447</b>			
2. Principal Place of Business <b>912 E. FLETCHER AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>912 E. FLETCHER AVE.</b> Suite, Apt. #, etc.			
City & State <b>TAMPA FLORIDA</b>		City & State <b>TAMPA FLORIDA</b>		4. FEI Number <b>65-0941583</b>	
Zip <b>33612</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JACK O. HACKETT II, ESQ.                  99 NESBIT ST.                  PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name <b>DARON M. COLLADO, P. A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>UNIVERSITY COVE                  14479 BRUCE B. DOWNS BLVD</b> City <b>TAMPA</b> FL Zip Code <b>33613</b>			
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00                  Due by May 1, 2004</b>			<b>Make check payable to                  Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM                  JOHN, PAUL P                  912 E FLETCHER AVE                  TAMPA, FL 33612</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D                  PAUL, SNEHA T.                  2220 CLIMBING IVY DR                  TAMPA, FL 33618</b>	<input type="checkbox"/> Change <input checked="" 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
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
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 exemption stated in Section 119.07(3)(i), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

24044410



02272004 Chg-LLC CR2E083 (10/03)