

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90138 018 \*\*\*\*50.00

DOCUMENT # L02000002477

1. Entity Name  
BLOOMING ROSE FARM, LLC



Principal Place of Business  
8005 NW 29ST  
MIAMI, FL 33122

Mailing Address  
8005 NW 29ST  
MIAMI, FL 33122

60013933



2. Principal Place of Business - No P.O. Box #

2283 NW 82 AVE

3. Mailing Address

2283 NW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272007 Chg-LLC CR2E083 (12/06)

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
04-3600291

Applied For  
Not Applicable

Zip  
33122

Country

Zip  
33122

Country

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

## 6. Name and Address of Current Registered Agent

BITRON, SAGE  
12843 N.W. 22ND MANOR  
PEMBROKE PINES, FL 33028

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

NAME  
MGRM  
BUTRON, CARLOS A  
STREET ADDRESS  
12843 N.W. 22ND MANOR  
CITY-STATE-ZIP  
PEMBROKE PINES, FL 33028 ☐ Delete

NAME  
MGRM  
MALIK, SALEEM  
STREET ADDRESS  
12843 N.W. 22ND MANOR  
CITY-STATE-ZIP  
PEMBROKE PINES, FL 33028 ☐ Delete

NAME  
MGRM  
FERNANDEZ TERAN, GUSTAVO  
STREET ADDRESS  
12843 N.W. 22ND MANOR  
CITY-STATE-ZIP  
PEMBROKE PINES, FL 33028 ☐ Delete

NAME  
  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

NAME  
  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

NAME  
  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/07 305-437-8336