2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# L02000025723

Entity Name: BLOOMINGDALE PARTNERS, LLC

Current Principal Place of Business:

1123 OVERCASH DRIVE
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1123 OVERCASH DRIVE
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 33-1068009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VIETTO, DANIEL L
1123 OVERCASH DRIVE
DUNEDIN, FL 34698

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: LUIENTO, DANIEL
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

Title: MGR ( ) Delete
Name: CORA, DAVID S
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

Title: MGR ( ) Delete
Name: SURRENCY, JEFFREY T
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VIETTO, DANIEL L
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

Title: MGR (X) Change ( ) Addition
Name: COIA, DAVID S
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL L. VIETTO MGR 01/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date