


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L03000019761</b>	
1. Entity Name <b>BLOOMINGDALE BUSINESS PARTNERS, LLC</b>	

Principal Place of Business <b>3109 LITHIA PINECREST ROAD VALRICO, FL 33594</b>	Mailing Address <b>PO BOX 649 BRANDON, FL 33509-0649</b>
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2. Principal Place of Business <b>708 Lithia Pinecrest Rd.</b> Suite, Apt. #, etc. <b>Suite 103</b> City & State <b>Brandon, FL 33511</b> Zip <b>33511</b> Country <b>USA</b>	3. Mailing Address <b>P.O. Box 649</b> Suite, Apt. #, etc. <b>Brandon, FL 33509-0649</b> City & State <b>Brandon, FL 33509-0649</b> Zip <b>33509-0649</b> Country <b>USA</b>
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02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>72-1566014</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SEFCIK, BRIAN S 3109 LITHIA PINECREST ROAD VALRICO, FL 33594</b>	7. Name and Address of New Registered Agent Name <b>Brian S. Sefcik</b> Street Address (P.O. Box Number is Not Acceptable) <b>708 Lithia Pinecrest Rd. Suite 103</b> City <b>Brandon</b> State <b>FL</b> Zip Code <b>33511</b>
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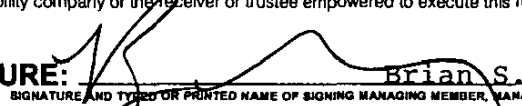
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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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 <b>708 Lithia Pinecrest Rd., Suite 103 Brandon, FL 33511</b>
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
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** (813) 689-7161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_