

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037498

FILED
Mar 09, 2007
Secretary of State

Entity Name: BLOOMINGDALE DEVELOPMENT, LLC

Current Principal Place of Business:

912 E. FLETCHER AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

912 E. FLETCHER AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 83-0372417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLADO, DARAN M P.A.
UNIVERSITY COVE
14479 BRUCE B. DOWNS BLVD
TAMPA, FL 33613 US

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/MANAGERS:

Title: MGRM () Delete
Name: JOHN, PAUL P
Address: 2220 CLIMBING IVY DR
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: PAUL, SNENA T
Address: 2220 CLIMBING IVY DR
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: MATHEW, THOMAS M
Address: 15013 SHAW ROAD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PAUL, SNENA T
Address: 2220 CLIMBING IVY DR
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Change () Addition
Name: MATHEW, THOMAS M
Address: 15013 SHAW ROAD
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS MATHEW

MGR

03/09/2007

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