# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2006 8:00 am**
**Secretary of State**
05-01-2006 90069 043 ****50.00

DOCUMENT # L04000021402

1. Entity Name
BLOOMS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ANTHONY HOUGHTON<br>5280 NORTH OCEAN DRIVE<br>SINGER ISLAND, FL 33404 | C/O ANTHONY HOUGHTON<br>5280 NORTH OCEAN DRIVE<br>SINGER ISLAND, FL 33404 |

04272006 Chg-LLC CR2E083 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11604 US Highway 1<br>Suite, Apt. #, etc. | 11604 US Highway 1<br>Suite, Apt. #, etc. |
| City & State: Palm Beach Gardens, FL<br>Zip: 33408 Country: | City & State: Palm Beach Gardens, FL<br>Zip: 33408 Country: |

4. FEI Number: 20-0395977 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MAYER, ROBERT<br>C/O ANTHONY HOUGHTON<br>5280 NORTH OCEAN DRIVE<br>SINGER ISLAND, FL 33404 | Name: Mayer, Robert<br>Street Address (P.O. Box Number is Not Acceptable): 8899 Lakes Blvd<br>City: West Palm Beach FL Zip Code: 33412 |

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: Robert G. mayer 4/25/06
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, 2006**

Make check payable to: Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>MAYER, ROBERT<br>5280 NORTH OCEAN DRIVE<br>SINGER ISLAND, FL 33404 | ☐ Delete | MGRM<br>Mayer, Robert<br>8899 Lakes Blvd.<br>West Palm Beach, FL 33412 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MAYER, MARY<br>5280 NORTH OCEAN DRIVE<br>SINGER ISLAND, FL 33404 | ☐ Delete | MGR<br>Mayer, Mary<br>8899 Lakes Blvd.<br>West Palm Beach, FL 33412 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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: Robert G. mayer 4/25/06 561-624-5474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #