## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400002  1. Entity Name BLOOMS, LLC	1402				FIL	ED	
Principal Place of Business DBA IN BLOOM 11604 US HIGHWAY 1 PALM BEACH GARDENS, FL 33408	DOM 11604 US HIGHWAY 1 Highway 1 Palm Beach Gardens, Fl. 33408			2008 OCT -9, P 2: 11			
2. Principal Place of Business - No P.O. Box #  808 Stev1, ~ 5 Dv, ve  Suite, Apt. #, etc.	3. Mailing Address 808 Stev  Suite, Apt. #, etc.	ling Driv	e	09192008 Chg-LLC	CR2E	083 (12/06)	
City & State Florham Park, N. J.	City & State Florham Par	K, N. S	Ţ.	4. FEI Number 20-0895977	<del>.</del> .	No	plied For t Applicable
Zip Country 0 7 9 3 2  6. Name and Address of Currer	07932	Country		Certificate of Status Desir     Name and Address of No.		\$5.00 Add Fee Required Agent	
MAYER, ROBERT 8899 LAKES BLVD WEST PALM BEACH, FL 33412	<u> </u>	Street A	Address (P	PY HOUGH O. BOX Number is Not Accep NOTTH OC ER ISLAW	table)	1 = 0 7	
8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE  Signature, typed or printed name or registered agent.	ton, Anthon	egistered office o	KYON	d agent, or both, in the State of	of Florida. I am		and accept
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008				1	Make check orida Departr		
9. MANAGING MEME		10.			INS/CHANGE		
TITLE MGRM  NAME MAYER, ROBERT  STREET ADDRESS CITY-SI-ZIP WEST PALM BEACH, FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR May 808 Flor	m r, Robert Sterling Drive ham Park, NJ	°, 0793.	Change	☐ Addition
TITLE MGR NAME MAYER, MARY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maye	steeling Drive ham Park Mo		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, 102	300136 10/07/08010	688	Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TĂĹĹ	2008	☐ Change	Addition
TITLE NAME STREET ADDRESS INSTATEMENT CITY-ST-ZIP	Delete .	TITLE NAME STREET ADDRESS CITY-ST-2IP		HASSEE	) 	C. Filabs	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		FLORID	P 2: 1	( Ghange	☐ Addition
11. I hereby certify that the information supplied we indicated on this report is true and accurate as limited liability company or the receiver or trus  SIGNATURE:	d that my signature shall have the empowered to execute this re	eport as required	by Chapte	ade under oath; that I am a mar 608, Florida Statutes.	anaging memi	FOP:6	ermation er of the
SIGNATURE AND TYPED OR PRINTED NAM	OF SIGNING MANAGING MEMBER, MAN.	AGER, OR AUTHORIZE	D REPRESEN	ITATIVE Date		Daytime Phone #	