

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# L05000009008

Entity Name: JOHN BLOOM FAMILY, LLC

**Current Principal Place of Business:**

2500 E. COMMERCIAL BLVD STE. C  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2500 E. COMMERCIAL BLVD STE. C  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 20-2277642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MANKHAUS, DAVID J  
1900 GLADES ROAD STE 401  
BOCA RATON, FL 33431      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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      BLOOM, JOHN D JR  
Address:                      2500 EAST COMMERCIAL BLVD STE C  
City-St-Zip:                      FORT LAUDERDALE, FL 33308

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: JOHN D BLOOM JR

MGR

05/01/2006

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