

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-08-2006 90040 038 ****50.00

DOCUMENT # L05000052292 1. Entity Name STONEWOOD BLOOMINGDALE PARTNERS, LLC					
Principal Place of Business 2300 MAITLAND CENTER PARKWAY SUITE 306 MAITLAND, FL 32751 US			Mailing Address 2300 MAITLAND CENTER PARKWAY SUITE 306 MAITLAND, FL 32751 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 202897397				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				03072006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ROSE, JON E 2300 MAITLAND CENTER PARKWAY SUITE 306 MAITLAND, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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	MGR ROSE, JON E ☐ Delete 2300 MAITLAND CENTER PARKWAY SUITE 306 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LICHTIGMAN, CHARLES S ☐ Delete 444 SEABREEZE BLVD. SUITE 1000 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAZMAN, CHUCK ☐ Delete 3843 WATERCREST DRIVE LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Jon Edward Rose</i>			<i>March 20, 2006 407-660-7500 x109</i>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30003203





ATTACHMENT

30063283

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2006

STONEWOOD BLOOMINGDALE PARTNERSHIP, LLC
2300 MAITLAND CENTER PARKWAY
SUITE 306
MAITLAND, FL 32751 US

Subject: STONEWOOD BLOOMINGDALE PARTNERS, LLC

Reference Number: **L05000052292**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314