

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-13-2007 90057 016 ****50.00

DOCUMENT # L05000052292 1. Entity Name STONEWOOD BLOOMINGDALE PARTNERS, LLC	
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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
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01182007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2897397	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, JON E
2300 MAITLAND CENTER PARKWAY
SUITE 306
MAITLAND, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSE, JON E
STREET ADDRESS	2300 MAITLAND CENTER PARKWAY SUITE 306
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	MGR
NAME	LICHTIGMAN, CHARLES S
STREET ADDRESS	444 SEABREEZE BLVD. SUITE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

TITLE	MGR
NAME	PAZMAN, CHUCK
STREET ADDRESS	3843 WATERCREST DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779

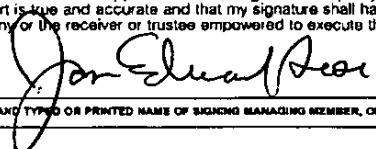
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

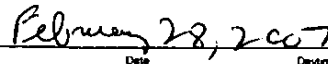
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE


Date Daytime Phone #