## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000052292

PAZMAN, CHUCK

3843 WATERCREST DRIVE

LONGWOOD, FL 32779 US

Name:

Address:

City-St-Zip:

Entity Name: STONEWOOD BLOOMINGDALE PARTNERS, LLC

FILED Jan 19, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 2300 MAITLAND CENTER PARKWAY 2300 MAITLAND CENTER PARKWAY SUITE 306 SUITE 212 MAITLAND, FL 32751 MAITLAND, FL 32751 US **Current Mailing Address: New Mailing Address:** 303 MAGNOLIA LAKE DRIVE 2300 MAITLAND CENTER PARKWAY SUITE 306 LONGWOOD, FL 32779 US MAITLAND, FL 32751 US FEI Number: 20-2897397 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ROSE, JON E ROSE, JON E 2300 MAITLAND CENTER PARKWAY 2300 MAITLAND CENTER PARKWAY SUITE 306 SUITE 212 MAITLAND, FL 32779 US MAITLAND, FL 32779 US 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: 01/19/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete ROSE, JON E Name: Name: Address: 2300 MAITLAND CENTER PARKWAY STE 212 Address: City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: LICHTIGMAN, CHARLES S Name: Address: 444 SEABREEZE BLVD. SUITE 1000 Address: City-St-Zip: DAYTONA BEACH, FL 32118 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JON E. ROSE MGR 01/19/2009