

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086110

**FILED**  
**Jan 10, 2008**  
**Secretary of State**

**Entity Name:** BLUMBERG FAMILY PROPERTIES, LLC

**Current Principal Place of Business:**

15 WEATHERLY DRIVE  
CLAYTON, CA 94517 US

**New Principal Place of Business:**

1503 BUENOS AIRES BLVD.  
BLDG. 190  
THE VILLAGES, FL 32159 US

**Current Mailing Address:**

15 WEATHERLY DRIVE  
CLAYTON, CA 94517 US

**New Mailing Address:**

1503 BUENOS AIRES BLVD.  
BLDG. 190  
THE VILLAGES, FL 32159 US

**FEI Number:** 68-0222480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWNING, HAROLD L  
250 PARK AVE. SOUTH 5TH FLOOR  
WINTER PARK, FL 32789 US

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

BLUMBERG, BARTON R  
1503 BUENOS AIRES BLVD.  
BLDG. 190  
THE VILLAGES, FL 32159 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: BARTON R. BLUMBERG, DMD, PA

01/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLUMBERG, BARTON R  
Address: 15 WEATHERLY DRIVE  
City-St-Zip: CLAYTON, CA 94517

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLUMBERG, BARTON R  
Address: 1503 BUENOS AIRES BLVD., BLDG. 190  
City-St-Zip: THE VILLAGES, FL 32159

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.

SIGNATURE: BARTON R. BLUMBERG, DMD, PA

PRES

01/10/2008

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