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Aug 21, 2006 8:00 am
Secretary of State
05-01-2006 90071 048 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106199

1. Entity Name
BLOOMINGDALE PARK ENTERPRISES, LLC

Principal Place of Business	Mailing Address
~~631 WEST LUMSDEN ROAD~~ ~~BRANDON, FL 33511~~	~~631 WEST LUMSDEN ROAD~~ ~~BRANDON, FL 33511~~

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1438 Bloomingdale ave (Suite, Apt. #, etc.)	1438 Bloomingdale Ave (Suite, Apt. #, etc.)
City & State: Valrico, FL	City & State: Valrico, FL
Zip: 33594 Country: USA	Zip: 33594 Country: USA

4. FEI Number: 20-4352759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAVES, MICHAEL D 6507 NORTH FIVE ACRE ROAD PLANT CITY, FL 33565	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 reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. Managers/Managing Members		10. Additions/Changes	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Solid Rock Financial Group LLC 1438 Bloomingdale ave Valrico, FL 33594 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ Manager ☑ 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
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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: [signature] Robert McSkeany member 4/28/06 813-413-2407
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #)