


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-19-2007 90197 008 ****50.00
L06000054924

DOCUMENT # L06000054924		
1. Entity Name JIM BLOOMER LLC		

FILED

2007 JUN 29 P 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 649 SW LINDEN ST STUART, FL 34997 US	Mailing Address 649 SW LINDEN ST STUART, FL 34997 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142007 Chg-LLC CR2E083 (12/08)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4948960	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLOOMER, JIM 649 SW LINDEN ST STUART, FL 34997		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLOOMER, JIM 649 SW LINDEN ST STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLOOMER, LORI 649 SW LINDEN ST STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: *Jim Bloomer* 2-15-2007 772-341-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #