2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000098790

1. Entity Name
BLOOMINGDALE PROFESSIONALS LLC

300U830 ı

Principal Place of Business	Mailing Address
777 W. LUMSDEN RD. BRANDON, FL 33511	777 W. LUMSDEN RD. BRANDON, FL 33511

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04182007 Chg-LLC CR2E083 (12/06)
City & State	City & State	4. FEI Number ZO-5715547	Applied For / Not Applicable
Zip / Country	Zip / Country	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
PHILLIPS, LAURA 2316 EAGLE BLUFF DR. VALRICO, FL 33594	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, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PHILLIPS, LAURA		NAME			
STREET ADDRESS	2316 EAGLE BLUFF DR.		STREET ADDRESS			
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	HAMILTON, GREGORY		NAME			
STREET ADDRESS	1604 3RD ST. CIRCLE E.		STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   4/19/07   813-689-2180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #