FILED 2008 LIMITED LIABILITY COMPANY Jan 30, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000098790 1. Entity Name 01-30-2008 90091 049 ***143.75 BLOOMINGDALE PROFESSIONALS LLC Mailing Address Principal Place of Business 777 W. LUMSDEN RD. 777 W. LUMSDEN RD. **UUUUI! -~** BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Adoress Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E083 (12/06) Chg-LLC Applied For Gity & State Cito & State 4. FEI Number BEANDON 20-5715548 Not Applicable Zip 335// Country Country \$5.00 Additional ^{Zip} 335// 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, L'AURA Street Address (P.O. Box Number is Not Acceptable) 2316 EAGLE BLUFF DR. VALRICO, FL 33594 City 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 Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGR m TITLE TITLE mbRm ____Shange ☐ Addition ☐ Delete PHILLIPS, LAURA NAME NAME STREET ADDRESS 2316 EAGLE BLUFF DR. STREET ADDRESS MALRICO 3359 L CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-7(P MGRM ☐ Addition TITLE ☐ Defele TITLE HAMILTON, GREGORY NAME NAME STREET ADDRESS 1604 3RD ST, CIRCLE E. STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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: 1/24/08 1-713-689-7480
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