


- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001167
 1. Entity Name
 BLOOMFIELD - ST. PETE PROPERTIES, L.L.C.



Principal Place of Business Mailing Address
 2560 SECOND AVENUE 2560 SECOND AVENUE
 DETROIT, MI 48201 DETROIT, MI 48201

DO NOT WRITE IN THIS SPACE



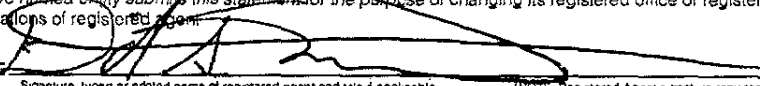
02212005No Chg-LLC CR2E083 (10/03)

4. FEI Number 38-3478722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILSEY, GOERGE F
 275 FOURTH STREET NORTH
 ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

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  DATE 3-14-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
 Due by May 1, 2005**

000000269143
 03/18/05-80073-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLOOMFIELD - ST. PETE PROPERTIES MGMT., LLC
STREET ADDRESS	2560 SECOND AVENUE
CITY-ST-ZIP	DETROIT, MI 48201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  DATE 3-14-05 DAYTIME PHONE # 727-895-7773

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