

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90080 018 ***138.75

DOCUMENT # M99000001167

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



Principal Place of Business Mailing Address
14030 E 14MILE RD **14030 E 14MILE RD**
WARREN MI 48088 **WARREN MI 48088**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
38-3478722 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

1st MOORE CR2E083 (10/07)

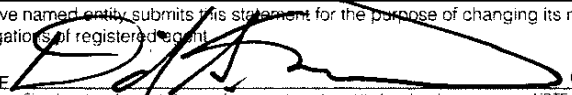
6. Name and Address of Current Registered Agent

~~WILSEY, GOERGE E.~~
~~275 FOURTH STREET NORTH~~
~~ST. PETERSBURG FL 33701~~

7. Name and Address of New Registered Agent

Name **David S. Marger**
 Street Address (P.O. Box Number is Not Acceptable) **Marger Properties**
146-2nd St. N., Suite 103
 City **St. Petersburg** **FL** Zip Code **33701**

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  **David S. Marger** DATE **4-24-08**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	BLOOMFIELD - ST. PETE PROPERTIES MGMT., LLC
STREET ADDRESS	14030 E 14 MILE RD
CITY - ST - ZIP	WARREN MI 48088
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **CARL Ruby** Date **4/1/08**

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