


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000165465 1. Entity Name BLOOMINGTON RIVER ASSOCIATES, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 JUL 29 PM 12:50

Principal Place of Business 2603 NW 13TH STREET 200 GAINESVILLE, FL 32609	Mailing Address 2603 NW 13TH STREET 200 GAINESVILLE, FL 32609
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2. Principal Place of Business - No P.O. Box # 5200 NW 43rd ST Suite, Apt. #, etc. 120-187	3. Mailing Address 5200 NW 43rd ST Suite, Apt. #, etc. 120-187
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07252008 Chg-P CR2E034 (12/06)

City & State Gainesville, Florida	City & State Gainesville, Florida		
Zip 32606	Country USA	Zip 32606	Country USA

4. FEI Number 20-8083605	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, ROBIN A 2260 NW 47TH STREET GAINESVILLE, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD 300133965583 08/05/08--01004--010 **62.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCKNIGHT, ANTHONY M 2603 NW 13TH STREET, #200 GAINESVILLE, FL 32609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 

7/25/2008