


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000091090 1. Entity Name BRIDGEWATER PLANNING GROUP, LLC	
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Principal Place of Business 527 MAIN ST. WINDERMERE, FL 34786	Mailing Address 527 MAIN ST. WINDERMERE, FL 34786
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01082007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3529750	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 KARR, THOMAS J JR 527 MAIN ST WINDERMERE, FL 34786	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARR, THOMAS J JR 527 MAIN ST WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAMELL, JOE B PO BOX 2501 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, JOHN L PO BOX 2501 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM _____

U00000591532
 01/19/07-80027-003 50.00

DO NOT WRITE
IN THIS SPACE

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: 
1/19/07 407 876 8848

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