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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000021322 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name

: SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 Phone

: (407)423-3200

Fax Number

: (407)843-4076

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMPA BRIDGE LENDERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN Help

JAN 27 2011



COVER LETTER

(((H11000021322 3)))

TO: Registration Division of	on Section of Corporations					
SUBJECT:	Tamp	a Bridge	Lend	ers, LL(C	
	Name (of Limited Li	ability Co	ompany		
Dear Sir or Madam	:			•		
The enclosed Artic	les of Correction and fee(s) a	re submitted	for filing	•		
Please return all co	rrespondence concerning this	matter to th	e followir	ıg:		
	Juli S. James, Esqui	ire			,	.evel
	Name of Person					ALL SEC
	Shutts & Bowen LL	Р				ECRETARY OF STATE
···	Firm/Company					ASS ASS
						Y OF STATE
300 Sc	outh Orange Avenue, S	Suite 100	<u> </u>	_		FLS
	Moduess					SE
	Orlando, Florida 328	01				Qr.
	City/State and Zip Code			_		
	!! @ - #	_				
E-mail addres	jjames@shutts.com s: (to be used for future annu	n ial report not	ification)			
For further informa	tion concerning this matter,	please call:				
Juli S	S. James, Esquire	at (407)	835-6774	
	ame of Person		Area C	nde & Dayti	me Telephone Number	MARINE.
STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cet Tallahassee, Florida	n ations nter Circle			Registrate Division P.O. Box	IG ADDRESS: ion Section of Corporations : 6327 see, Florida 32314	
Enclosed is a check	k for the following amount:	1				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Fili Certifie	ng Fee & d Copy	Cert	Filing Fee, ificate of Status & ified Copy	
CR2E062 (08/05)						

(((H11000021322 3)))

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	: The name of the limited liability company is: Tampa Bridge Lenders, LLC					
<u>SECO</u>						
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: IBGAZY Management, LLC was incorrectly listed as a Manager. The correct					
	Managers are: NUNU Management, LLC; 12307 Ventura Blvd., Suite 200,					
	Studio City, CA 91604; and NLG Management, LLC, 21550 Oxnard St.,					
	Suite 1000, Woodland Hills, CA 91367					
	<u>OR</u>					
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
Dated:	January 25					
	- Chille					
	Signature of a member or authorized representative of a member					
	Juli S. James, Esquire, Authorized Representative					
	Typed or printed name of signee					
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)					
CR2E062	(08/05)					

(((H11000021322 3)))

JAN-18-2011 12:37 From:

To: 950 617 6381

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(((B11000014370 3)\$)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUDMITTED TO REGISTER A F LIMITED LIABILITY (XIMPANY TO TRANSACT HUNINESS IN THE STATE OF FILIBIOA:

_{I.} Tampa Bridge Lenders, LLC

(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."

Of name unavailable, enter alternate name adopted for the purpose of transacting husiness in Phorida and attach a copy of the writich consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")

	California (Inrisdiction under the law of which libraign limited liability company is organized)	3,	(FE(number, if applicable)
4.	January 4, 2011	5.	Perpetual

(Date of Organization)

(Duration: Year limited liability overpuny will curse to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.502 if 608.502 if S. to determine penalty liability)

7. 9777 Wilshire Boulevard, Suite 515

Beverly Hills, CA 90212

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here 🗹

9. The name and usual husiness addresses of the managing members or managers are as follows:

IBGAZY Management, LLC; 12307 Ventura Blvd., Suite 200, Studio City, CA 91604

NLG Management, LLC; 21550 Oxnard St., Suite 1000, Woodland Hills, CA 91367

10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a firreign language, a translation of the certificate under cath of the translation must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful business

purpose or activity for which a limited liability company may be formed.

Signature of a member or air authorized representative of a member.

(in accordance with section 608.40%3), F.S., the execution of this document constitutes an affirmation under the penalties of perjuy that the facts stated herein are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felority as provided for in a.817.155, F.S.)

Juli S. James, Esquire, Authorized Representative

Typed or printed name of signed

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(((Hl1000021322 3)))

JAN-18-2011 12:37 From:

To:850 617 6381

P,4/5

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CERTIFICATE OF DESIGNATION OF REGISTERED ACENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Tampa	Bridge	Lenders,	LLC
-------	--------	----------	-----

If unavailable, the alternate to be used in the state of Florida is:

The name and the (florida street address of the registered agent and office are:

Corporation Company of Orlando

(Nams

300 South Orange Avenue, Suite 1000 (pro)

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Orlando

FL City/State/Zip

32801

laving been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

J. Gregory Humphries, Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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To:850 617 6381

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JRN-18-2011 12:37 From:

To:850 617 6381 .

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(((ff)1000014370 3)))

(((H11000021322 3)))

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TAMPA BRIDGE LENDERS, LLC

FILE NUMBER: FORMATION DATE:

201100510011 01/04/2011

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: **CALIFORNIA**

STATUS:

ACTIVE (GOOD STANDING)

t, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this cartificate and affix the Great Seal of the State of California this day of January 13, 2011.

> DEBRA BOWEN Secretary of State

NP-25 (REV 1/2001)

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