

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90196 025 ****50.00

DOCUMENT # L03000044708	
1. Entity Name BRIDGEWATER PARTNERS, LLC	

Principal Place of Business 9820 MONTAGUE ST. TAMPA FL 33626	Mailing Address 9820 MONTAGUE ST. TAMPA FL 33626
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2. Principal Place of Business 2202 W. WEST SHORE BLVD	3. Mailing Address
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.
City & State Tampa	City & State
Zip 33607	Country USA

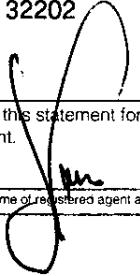


MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent F&L CORP. 200 LAURA STREET NORTH JACKSONVILLE FL 32202	
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4. FEI Number 01-0598443	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

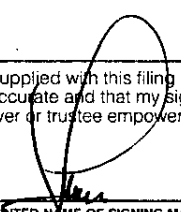
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
SAME	
City	FL Zip Code

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

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, JAMES E 9820 MONTAGUE ST. TAMPA FL 33626 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			