


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008828 1. Entity Name BRIDGEWATER BAY REALTY, L.L.C.	
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Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109	Mailing Address 2055 TRADE CENTER WAY NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32751
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02022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3613758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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 _____

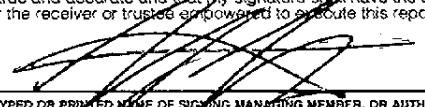
**Filing Fee is \$50.00
Due by May 1, 2004**

UG00000105604
04/07/04-80032-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COTTER, JEFEREY J 90 MINNEHAHA CIRCLE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WOO, STUART G 25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____

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