2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

URE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: .

FILED Apr 01, 2005 08:00 AM Secretary of State

239-597-7727

ANNUAL REPORT				Secretary of State
DOCUMENT # L99000008828				Secretary or State
1. Entity Name BRIDGEWATER BAY REALTY, L.L.C.				
BRIDGEV	VATER BAT REALTT, L.L.O			
Principal Plac	e of Business	Mailing Address	V / W / L W	
2055 TRADE NAPLES, FL	CENTER WAY	2055 TRADE CENTER WAY NAPLES, FL 34109		
MAFELS, I E	34103 %	INN EES, I E 34 103		
<u></u>			 	
_				01042005No Chg-LLC CR2E083 (10/03)
DO NOT WRITE IN THIS SPACE			4. FEI Number Applied For	
				59-3613758 Not Applicable
		——————————————————————————————————————		5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100				DO NOT WRITE
ORLANDO, FL 32751			IN THIS SPACE	
				III THIS STACE
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 Signature, typod or printed name of registered agent and tale if applicable (http://presserved.agent signature required when refusating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBER	S/MANAGERS		-
name	MGRM COTTER, JEFEREY J			
STREET ADDRESS	90 MINNEHAHA CIRCLE	÷ + =		
CITY-ST-ZIP	MAITLAND, FL 32751 MGRM		-	U00000283708 04/01/05-80039-011 50.00
NAME	WOO, STUART G		1	04/01/05-80039-011 50.DU
STREET ADDRESS (25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134			
TITLE	201117101111007112 04104		•	
NAME				
STREET ADDRESS CITY-ST-ZIP			Ì	DO NOT WRITE
TITLE		 	<u> </u>	IN THIS SPACE
NAME STREET ADDRESS				IN THIS STAGE
CITY-S1-ZIP				
TITLE]	
NAME Street address			ŀ	
CHY-ST-ZIP]	
TITLE		.,	1	
NAME STREET ADDRESS			ſ	
CITY-ST-ZIP			<u> </u>	
11. I hereby of indicated	certify that the information supplied with to on this report is true and accurate and the	his filing does not qualify for the exe nat my signature shall have the sam	mption stated in Se e legal effect as if n	ction 119 07(3)(1), Florida Statutes. I further certify that the information hade under oath, that I am a managing member or manager of the
11. I hereby certify that the information supplied with this filling 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.				