2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 29, 2007 08:00 AM - Secretary of State

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1. Entity Name

BRIDGEWATER BAY REALTY, L.L.C.



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OF

2055 TRADE CENTER WAY NAPLES, FL 34109

Mailing Address

2055 TRADE CENTER WAY NAPLES, FL 34109



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 59-3613758 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

24/07

Fee Required

5<u>97-7727</u>

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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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			
Filing Fee Is \$50.00 Due by May 1, 2007		- · · · · · · · · · · · · · · · · · · ·					
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COTTER, JEFEREY J 90 MINNEHAHA CIRCLE MAITLAND, FL 32751		- .	000000608548 02/01/07-80015-005 50.00			
TITLE NAME SIRELI ADDRESS CITY-SI-ZIP	MGRM WOO, STUART G 25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134		•				
NAME STREET ADDRESS CITY-ST-ZIP		`	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY -ST-ZIP			IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
11. I hereby certify that the information supplied with this filling 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 his 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 stripowers. Description according to execute this report as required by Chapter 608, Florida Statutes.							

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE