

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000039052

Entity Name: BRIDGEPORT CENTER I LLC

Current Principal Place of Business:

ONE ALHAMBRA PLAZA
SUITE 1450
CORAL GABLES, FL 33134

Current Mailing Address:

245 TOWNPARK DRIVE
SUITE 560
KENNESAW, GA 30144 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOCOLSKY, SERGIO
ONE ALHAMBRA PLAZA
SUITE 1450
CORAL GABLES, FL 33134 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name BRIDGEPORT CENTER I MANAGER
LLC
Address 2655 LE JEUNE ROAD, SUITE 906
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN O'BRIEN

**AUTHORIZED
REPRESENTATIVE**

03/05/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date