

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000039052

**Entity Name:** BRIDGEPORT CENTER I LLC

**Current Principal Place of Business:**

2655 LE JEUNE ROAD  
SUITE 906  
CORAL GABLES, FL 33134

**Current Mailing Address:**

ONE ALHAMBRA PLAZA  
SUITE 1450  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOCOLSKY, SERGIO  
2655 LE JEUNE ROAD  
SUITE 906  
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:** SERGIO SOCOLSKY

**AUTHORIZED SIGNER**

**04/18/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date