

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000029056

Entity Name: BRIDGE HG ONE LLC

Current Principal Place of Business:

1000 W. IRVING PARK ROAD
SUITE 150
ITASCA, IL 60143

Current Mailing Address:

1000 W. IRVING PARK ROAD
SUITE 150
ITASCA, IL 60143 US

FEI Number: 47-1982436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 | POULOS, STEVEN F |
| Address | 350 W HUBBARD STREET |
| City-State-Zip: | CHICAGO IL 60654 |
| Title | AMBR |
| Name | CROSSROADS JV, LLC |
| Address | 350 W. HUBBARD STREET, SUITE 430 |
| City-State-Zip: | CHICAGO IL 60654 |

| | |
|-----------------|----------------------------------|
| Title | MGR |
| Name | CARROLL, KEVIN D |
| Address | 201 SOUTH BISCAYNE BLVD STE 2601 |
| City-State-Zip: | MIAMI FL 33131 |
| Title | MANAGER |
| Name | FRAIN, RONALD T. |
| Address | 350 W HUBBARD STREET STE 430 |
| City-State-Zip: | CHICAGO IL 60654 |

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: RONALD T. FRAIN

MANAGER

04/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date