

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 AUG 19 AM 9:00

DOCUMENT # B04000000352

1. Entity Name
 BRIDGEWATER PLACE HOLDINGS, L.P.



Principal Place of Business
 601 THIRTEENTH ST., NW, SUITE 450
 WASHINGTON, DC 20005

Mailing Address
 601 THIRTEENTH ST., NW, SUITE 450
 WASHINGTON, DC 20005

2. Principal Place of Business
 230 Park Avenue
 Suite, Apt. #, etc.
 12th Floor

3. Mailing Address
 230 Park Avenue
 Suite, Apt. #, etc.
 12th Floor



07062005 Chg-LP CR2E003 (10/03)

City & State
 New York, N.Y.

City & State
 New York, N.Y.

4. FEI Number
 56-2467025

Applied For
 Not Applicable

Zip Country
 10169 USA

Zip Country
 10169 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Daniel Reid DANIEL REID DATE

9. Capital Contributions as Shown on record. \$99.00

10. Amount of Capital Contributions in FLORIDA to date. \$99.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # M04000002327
 NAME BRIDGEWATER PLACE INVESTORS LLC
 STREET ADDRESS 601 THIRTEENTH ST., NW, SUITE 450
 CITY-ST-ZIP WASHINGTON, DC 20005

13. ADDRESS CHANGES ONLY

STREET ADDRESS 230 Park Avenue, 12th Floor
 CITY-ST-ZIP New York, NY 10169

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

300058941563
 08/24/05--101053--1004 *\$541.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Daniel Reid DANIEL REID Date Daytime Phone #

STAPLE CHECK HERE