


**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

09 FEB 17 PM 3:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F02000002915
 1. Entity Name
BRIDGEWATER TENANT CORPORATION



Principal Place of Business Mailing Address
420 S. ORANGE AVENUE **PO BOX 2226**
STE 700 **ORLANDO, FL 32802**
ORLANDO, FL 32801

300143745213
 02/17/09--01010--015 **300.00



2. Principal Place of Business No P O Box # 3. Mailing Address
1 Post office SQUARE **1 Post office SQUARE**
 State, Apt. #, etc. State, Apt. #, etc.
3100 **3100**

12222008 REIN-P CR2E098 (1/07)

City & State City & State
Boston, MA **Boston, MA**
 Zip Country Zip Country
02109 **02109** **02109**

4. FEI Number Allowed For
01-0706317 Not Applicable

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

6. Name and Address of Current Registered Agent
THOMAS, STEPHANIE J
420 S. ORANGE AVE.
STE 700
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name: **CT Corporation System**
1200 S Pine Island Rd, Suite 250
Plantation, Florida 33324
 FL Zip Code

B. The above named entity submits this statement for the purpose of changing the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Connie Bryan **Connie Bryan** **Assistant Secretary** **2/2/09**

FILE NOW!! FEE IS \$150.00
 After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SENEFF, JAMES M JR.	
STREET ADDRESS	450 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BOURNE, ROBERT A	
STREET ADDRESS	450 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOSMER, JOHN R JR	
STREET ADDRESS	11121 CARMEL COMMONS BLVD., STE 165	
CITY-ST-ZIP	CHARLOTTE, NC 28226	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRISWOLD, JOHN A	
STREET ADDRESS	420 S. ORANGE AVE., STE 700	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	BLOOM, BARRY AN	
STREET ADDRESS	420 S. ORANGE AVE., STE 700	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	SEVP	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, C. BRIAN	
STREET ADDRESS	420 S. ORANGE AVE., STE 700	
CITY-ST-ZIP	ORLANDO, FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karamjit S. Kalsi	
STREET ADDRESS	1585 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Quinn	
STREET ADDRESS	1585 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel C. Wright	
STREET ADDRESS	1 Post Office Square Ste 3100	
CITY-ST-ZIP	Boston MA, 02109	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren Fields	
STREET ADDRESS	1 Post Office Square Ste 3100	
CITY-ST-ZIP	Boston MA, 02109	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael J. Franco	
STREET ADDRESS	1585 Broadway	
CITY-ST-ZIP	New York, NY 10036	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Dinà	
STREET ADDRESS	1 Post Office Square Ste 3100	
CITY-ST-ZIP	Boston MA, 02109	

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 as provided or on an authorized form with an address, with signature and authority.

SIGNATURE: Michael C. Wright **Michael C. Wright** **VP**

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