


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90017 019 \*\*\*\*61.25

**DOCUMENT # F99000005597**

1. Entity Name  
**BRIDGEWATER PLACE APARTMENTS, INC.**



Principal Place of Business  
**5400 LBJ FREEWAY LB E LINCOLN CENTRE  
 DALLAS, TX 75240**

Mailing Address  
**5400 LBJ FREEWAY LB E LINCOLN CENTRE  
 DALLAS, TX 75240**



2. Principal Place of Business

3. Mailing Address

13155 Noel Rd., Three Galleria Tower  
 Ste. 500  
 Dallas, TX 75240

13155 Noel Rd., Three Galleria Tower  
 Ste. 500  
 Dallas, TX 75240

01262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**75-2850755**

Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDLEY, DAVID R 5400 LBJ FREEWY, LB 2, SUITE 700 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARMER, DAVID N 5400 LBJ FREEWY, LB 2, SUITE 700 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAGSDALE, RONALD L 5400 LBJ FREEWY, LB 2, SUITE 700 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KIRBY, MICHAEL 5400 LBJ FREEWY, LB 2, SUITE 700 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BOIKO, TERRELL 5400 LBJ FREEWY, LB 2, SUITE 700 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS JOHNSON, KEVIN 5400 LBJ FREEWY, LB 2, SUITE 700 DALLAS, TX 75240 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13155 Noel Rd., Three Galleria Tower Ste. 500 Dallas, TX 75240
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12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Kirby DATE: 1/29/04 DAYTIME PHONE #: 972-7157400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*San*