

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State
POSTED

DOCUMENT # L00000001656

1. Entity Name
BRIDGES CONSULTING GROUP, LLC



Principal Place of Business
2011 MERCY DRIVE
ORLANDO, FL 32808

Mailing Address
2011 MERCY DRIVE
ORLANDO, FL 32808



01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632285

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, LORI COSTANTIN
2011 MERCY DRIVE
ORLANDO, FL 32808

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONSTANTINO, FRANK B
STREET ADDRESS	2011 MERCY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	MGRM
NAME	COSTANTINO, LORI B
STREET ADDRESS	2011 MERCY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	MGRM
NAME	BROWN, CHARLES
STREET ADDRESS	2011 MERCY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	VP
NAME	BROWN, CHARLES
STREET ADDRESS	2011 MERCY DRIVE
CITY-ST-ZIP	ORLANDO, FL 328085613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000200379
01/28/05-80024-010 50.00

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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lori Costantino-Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/22/05
Date

Daytime Phone #