¹ 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L0000001656 02-15-2006 90132 030 ****61.25 BRIDGES CONSULTING GROUP, LLC Principal Place of Business Mailing Address LYDODAY 2011 MERCY DRIVE 2011 MERCY DRIVE ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 01032006 Cha-LLC CR2E083 (11/05) 4. FEI Number Applied For 59-3632285 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired ۱)۶ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, LORI COSTANTIN 2011 MERCY DRIVE ORLANDO, FL 32808 lan 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ■ Addition TITLE □ Detete Costantino, Bishop Frank 2001 mercy Drive, Suite 101 CONSTANTINO, FRANK B NAME MARKE STREET ADDRESS 2011 MERCY DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP orlando, Fl <u>39808</u> MGRM Delete Change TITLE TITLE lostantino -Brown, Loël 1001 mercy Deive, Suite 101 COSTANTINO, LORI B NAME NAME 2011 MERCY DRIVE STREET ADDRESS STREET ADDRESS 2001 mercy CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP Orlando, Fl- 32808 MGRM **⊠** Change ☐ Addition TITLE ☐ Delete TITLE Brown . Charles BROWN, CHARLES NAME NAME aboi mercy Drive, suite loi 2011 MERCY DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP CITY-ST-ZIP Orlando, Fl. 32808 ☐ Change **⊠**·Addition TITLE Delete BROWN, CHARLES NAME NAME 2001 mercy DRIVE sui te 101 2011 MEREY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328085613 CITY-ST-ZIP orlando, Fl. 32808 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI, ZIR CITY-SE-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 15, 2006 8:00 am

Daytime Phone #







"A Wholistic Twelve Step Treatment Program"

February 13, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 2006 Not-for-Profit Corporation Annual Reports. Last year we made changes that were not reflected on these reports.

Please insure that all changes are made accordingly.

Thank you.

Controller



