

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90027 043 \*\*\*\*50.00

DOCUMENT # L00000011618

1. Entity Name  
BRIDGEWALK PARTNERS, L.L.C.



Principal Place of Business  
100 BRIDGE STREET  
BRADENTON BEACH, FL 34217

Mailing Address  
100 BRIDGE STREET  
BRADENTON BEACH, FL 34217

20032508



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-1047473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAKE, J. KEVIN  
1432 FIRST STREET  
DOOLEY & DRAKE  
SARASOTA, FL 34236

Name BARBARA A. Rodocker  
Street Address (P.O. Box Number is Not Acceptable)  
100 BRIDGE STREET  
City BRADENTON BEACH, FL Zip Code 34217

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

*Barbara A. Rodocker*

1/26/05

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME RODOCKER, BARBARA A  
STREET ADDRESS 1301 GULF DRIVE NORTH  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 100 BRIDGE STREET  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME RODOCKER, ANGELA J  
STREET ADDRESS 1301 GULF DRIVE NORTH  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 100 BRIDGE STREET  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Barbara A. Rodocker*

1/26/05

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

Date

Daytime Phone #