LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

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DOCU 1. Entity Nam	MENT #	L00000	0013733	3			7	_	43 ****50.00
Nortl	h Bridge	Capita	1, L.L.	.c.	7			0.44.4.15	41 TX
	DO NO	r writ	E IN	THIS S	SPACE			9615	vo
	Place of Business			ng Address					
Suite, Apt.	Gulf Me	ad Dr.	34 C Suite) 7 Gulf , Apt. #, etc.	Mead Dr	• —		ITE IN THIS SPA	ACE.
0:							DO NOT WR	ITE IN THIS SEA	ACE
City & State Saras			1 1	& State			4. FEI Number		Applied For
Zip	Co	ountry	Zip	asota,	FT. Country	-··	65-1100039		Not Applicable 5.00 Additional
3424	12 U:	SA	342	42	USA		5. Certificate of Status Desired	□ Fe	e Required
	* .				Name		7. Name and Address of Curren	t Registered A	gent
	DO	NOT V	NRITE	=		Robe	rt H. Campbell		
		4 - 1			Stree	t Address (I	P.O. Box Number is Not Acceptable Gulf Mead Dr	e)	
	IN	THIS S	PACE	•		<u> </u>	Guil Mead Dr.		
			the first section is a second						
					City				
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8. The above	named entity subr	nits this statemen	nt for the purpo:	se of changing		Sara or register	sota ed agent, or both, in the State of Fl		34242
	named entity sub-	nits this statemen	nt for the purpos	se of changing		Sara or register	SOLa ed agent, or both, in the State of FI		34242
SIGNATURE _	named entity subr					Sara or registeri	SOLa ed agent, or both, in the State of FI		34242
SIGNATURE _					its registered office	or register	SOLa ed agent, or both, in the State of FI	orida.	34242
SIGNATURE _			gent and utle if applic	able.		or register	ed agent, or both, in the State of FI	orida.	34242
SIGNATURE _			gent and utle if applic	able. Make Check F	its registered office	or register	ed agent, or both, in the State of FI	orida.	34242
SIGNATURE _	Signature, typed or pnnta		gent and utle if applic	able. Make Check F	its registered office FEE IS S50.00 Payable to Depa	or register	ed agent, or both, in the State of FI	orida.	34242
SIGNATURE . 9. TITLE	Signeture, typed or pnnta	ed name of registered as	gent and utle if applic	able. Make Check F	its registered office FEE IS S50.00 Payable to Depa	or register	ed agent, or both, in the State of FI	orida.	34242
9. TITLE NAME	Signature, typed of phniss MGRM Robert	MANAGING MEM H. Camp	gent and utle if applic MBERS/MANAG	able. Make Check F	FEE IS S50.00 Payable to Depa DUE BY MAY TITLE NAME	or register	ed agent, or both, in the State of FI	orida.	34242
SIGNATURE . 9. TITLE	MGRM Robert 3407 Gu	MANAGING MEM H. Camp 11f Mead	MBERS/MANAC	able. Make Check F	FEE IS \$50.00 Payable to Depa DUE BY MAY TITLE NAME STREET ADDRES	or register	ed agent, or both, in the State of FI	orida.	34242
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert 3407 Gu	MANAGING MEM H. Camp	MBERS/MANAC	able. Make Check F	FEE IS \$50.00 Payable to Depa DUE BY MAY TITLE NAME STREET ADDRES CITY-ST-ZIP	or register	ed agent, or both, in the State of FI	orida.	34242
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11. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Authorized Authorized SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Gary J. Arnold 4/30/02

Authorized Representative

Date

941-929-1700

Dayume Phone #