

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013733

FILED  
May 01, 2008  
Secretary of State

Entity Name: NORTH BRIDGE CAPITAL, L.L.C.

**Current Principal Place of Business:**

3407 GULF MEAD DR.  
SARASOTA, FL 34242

**New Principal Place of Business:**

3407 GULFMEAD DR.  
SARASOTA, FL 34242

**Current Mailing Address:**

3407 GULF MEAD DR.  
SARASOTA, FL 34242

**New Mailing Address:**

3407 GULFMEAD DR.  
SARASOTA, FL 34242

FEI Number: 65-1100039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CAMPBELL, ROBERT H  
3407 GULF MEAD DR.  
SARASOTA, FL 34242      US

**Name and Address of New Registered Agent:**

CAMPBELL, ROBERT H  
3407 GULFMEAD DR.  
SARASOTA, FL 34242      US

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.

SIGNATURE: \_\_\_\_\_

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CAMPBELL, ROBERT H  
Address: 3407 GULF MEAD DR  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: CAMPBELL, ROBERT H  
Address: 3407 GULFMEAD DR  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT H. CAMPBELL

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date