## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State

ANNUAL REPORT					2003 00.00
1. Entity Nar	MENT # L01000002	4		Secre	etary of State
BRIDGE	PORT LANDÎNG DEVELOPI	MENT, LLC			
Principal Plan 300 ALTON SUITE 303	ice of Business I ROAD	Mailing Address 300 ALTON ROAD SUITE 303			-
	CH, FL 33139	MIAMI BEACH, FL 33139			
DO NOT WRITE IN THIS SPACE			CE		R2E083 (10/03)
				4. FEI Number 45-0522941	Applied For Not Applicable
	6. Name and Address of Current	Registered Agent		5. Certificate of Status Desired	\$5.00 Additional Fee Required
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8. The above the obliga	e named entity submits this statement for ations of registered agent.	r the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. !	am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE Registere	d Agem signalure required	when reinstating) DA	ATE
F D	iling Fee is \$50.00 Due by May 1, 2005	-		The second section of the section of the second section of the section of the second section of the secti	
9.	MANAGING MEMBE	RS/MANAGERS			and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTOPH, ROBERT W JR. 300 ALTON ROAD STE 303 MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM CHRISTOPH, HUNTER G		·	05/04/05-800	09-025 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP					And the second s
TITLE NAME				The state of the s	- Arganian

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee expressive to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE.

STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING MANAGING HEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

Date

305-672-5588

Daytime Phone #