

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004081

FILED
Jul 08, 2004
Secretary of State

Entity Name: NEWBRIDGE PROPERTIES, L.C.

Current Principal Place of Business:

1030 MARTINS LAKE CLOSE
ROSWELL, GA 30076

New Principal Place of Business:

312 PATTON STREET
ST. GEORGE ISLAND, FL 32328

Current Mailing Address:

1030 MARTINS LAKE CLOSE
ROSWELL, GA 30076

New Mailing Address:

312 PATTON STREET
ST. GEORGE ISLAND, FL 32328

FEI Number: 58-2613627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN HOUTEN, MICHAEL A
114 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DAVIS, LOUIS R
Address: 1030 MARTINS LAKE CLOSE
City-St-Zip: ROSWELL, GA 30076

Title: MGR () Delete
Name: DAVIS, KIM L
Address: 1030 MARTINS LAKE CLOSE
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIS, LOUIS R
Address: 312 PATTON STREET
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: MGR (X) Change () Addition
Name: DAVIS, KIM L
Address: 312 PATTON STREET
City-St-Zip: ST. GEORGE ISLAND, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIM DAVIS

MGR

07/08/2004

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