2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SH

FILED Apr 13, 2005 08:00 AN Secretary of State

	ANNUAL	REPORT		April	3, 2003 00.1
DOCUI 1. Entity Nam BRIDGE,		62		Sec	cretary of St
	e of Business LAKE SHORES L 32836-6343	Mailing Address 8408 SAND LAKE SHORES ORLANDO, FL 32836-6343		 	IT RUNTA UNIT RINJA NAKAT BILIANI
DO NOT WRITE IN THIS SPAC			CE	02162005 No Chg-LLC CR2 4. FEI Number 59-3716109 5. Certificate of Status Desired	2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		1	red risquied
FAGA, MARIA 9758 BOHART CT ORLANDO, FL 32836			DO NOT WRITE IN THIS SPACE		
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					
Signature, typed or printed name of registered agent and take if applicable (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBERS	MANAGERS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR FAGA, MARLA 9758 BOHART CT. ORLANDO, FL 32836				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAGA SELMO, MARTA 8404 SANDLAKE SHORES CT ORLANDO, FL 328366343			04/13/05-8010 <u>.</u>	წა შ-სძა გვ.ეც
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRIT	TE
TITLE NAME STREET ADORESS City-St-Zip				IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
NAME STREET ADDRESS CITY-ST-ZIP			}		
11. I hereby certify that the information supplied with this filling 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 appowered to execute this report as required by Chapter 608, Florida Statutes.					

YING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE