


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009930 1. Entity Name BRIDGEPORT LAKES, LLC	
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Principal Place of Business 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801	Mailing Address 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801
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04052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3041261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORP, T. MIMS 100 SOUTH KENTUCKY AVE STE 215 LAKELAND, FL 33801

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORP, T. MIMS 100 SOUTH KENTUCKY AVE STE 215 LAKELAND, FL 33801
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<p>U000000336102 04/27/05-80112-009 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

By: T. Mims Corp. **SIGNATURE:** William T. Mims, Pres. Managing Member **4-11-05** **(863) 683-9297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____