

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023015

FILED
Apr 30, 2004
Secretary of State

Entity Name: 1ST BRIDGEHOUSE CONSULTING LLC

Current Principal Place of Business:

PO BOX 565835
MIAMI, FL 33256

New Principal Place of Business:

1550 MADRUGA AVENUE
SUITE 305
CORAL GABLES, FL 33146

Current Mailing Address:

PO BOX 565835
MIAMI, FL 33256

New Mailing Address:

1550 MADRUGA AVENUE
SUITE 305
CORAL GABLES, FL 33146

FEI Number: 43-1972796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDERS, HOWARD B
9881 SW 131ST ST
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

LANDERS, HOWARD B
1550 MADRUGA AVENUE
SUITE 305
CORAL GABLES, FL 33146 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: HOWARD B. LANDERS

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LANDERS, HOWARD B
Address: 9881 SW 131ST STREET
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: GRAY, L RAINEY
Address: 800 SAWYER BEND CT STE. 100
City-St-Zip: FRANKLIN, TN 37069

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANDERS, HOWARD B
Address: 9881 SW 131ST STREET
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOWARD B LANDERS

MGRM

04/30/2004

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