

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000023015

FILED
Aug 11, 2008
Secretary of State

Entity Name: 1ST BRIDGEHOUSE CONSULTING LLC

Current Principal Place of Business:

1550 MADRUGA AVENUE
SUITE 305
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1550 MADRUGA AVENUE
SUITE 305
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 43-1972796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () 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: 1550 MADRUGA AVENUE, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

08/11/2008

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