

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023015

FILED
Mar 31, 2009
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:

1550 MADRUGA AVENUE
SUITE 200
CORAL GABLES, FL 33146

Current Mailing Address:

1550 MADRUGA AVENUE
SUITE 305
CORAL GABLES, FL 33146

New Mailing Address:

1550 MADRUGA AVENUE
SUITE 200
CORAL GABLES, FL 33146

FEI Number: 43-1972796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LANDERS, HOWARD B
1550 MADRUGA AVENUE
SUITE 200
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:

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LANDERS, HOWARD B
Address: 1550 MADRUGA AVENUE, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146

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

ADDITIONS/CHANGES:

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

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

03/31/2009

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