

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000007920		
1. Entity Name BRIDGEPORT LAW CENTER, LLC		
Principal Place of Business 2935 SEMINOLE STREET COCONUT GROVE, FL 33133		Mailing Address 2935 SEMINOLE STREET COCONUT GROVE, FL 33133
DO NOT WRITE IN THIS SPACE		
		 03162006 No Chg-LLC CRZE083 (11/05)
		4. FEI Number 20-0462857 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MANTEGAZZA, DALIANA 2935 SEMINOLE STREET COCONUT GROVE, FL 33133		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006 <div style="text-align: right;">000000483219 04/11/06-80110-002 50.00</div>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANTEGAZZA, DALIANA 2935 SEMINOLE STREET COCONUT GROVE, FL 33133	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		3/20/06 (786) 488-9527 <small>Date Daytime Phone #</small>