

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000048194**

**1. Entity Name**

**BRIDGEWATER LAM ONE, LLC**



**Principal Place of Business**

**3213 DUKE STREET - SUITE 601  
ALEXANDRIA, VA 22314**

**Mailing Address**

**3213 DUKE STREET - SUITE 601  
ALEXANDRIA, VA 22314**



02132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-0430893**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, JOHN E  
1753 LA MADERIA DRIVE  
PALM BAY, FL 32908**

**DO NOT WRITE  
IN THIS SPACE**

**7. 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**

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*2/14/05*

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

**8. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**WILLIAMS, JOHN E**  
**3213 DUKE STREET - SUITE 601**  
**ALEXANDRIA, VA 22314**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

UN00000233097  
02/17/05-80027-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

*27*