2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

MONATURE AND TYPID OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 17, 2005 08:00 AM Secretary of State **DOCUMENT # L03000048209** 1. Entity Name BRIDGEWATER LAM TWO, LLC Principal Place of Business Mailing Address 3213 DUKE STREET - SUITE 601 3213 DUKE STREET - SUITE 601 ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314 02132005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0430896 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WILLIAMS, JOHN E DO NOT WRITE 1753 LA MADERIA DRIVE PALM BAY, FL 32908 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE WILLIAMS, JOHN E NAME STREET ADDRESS 3213 DUKE STREET - SUITE 601 Unnon0233**09**4 CITY-ST-ZIP ALEXANDRIA, VA 22314 02/17/05-80027-005 50.00 TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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.