

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000006306</b>		
1. Entity Name <b>NORTH BRIDGE STREET PARTNERS, LLC</b>		
Principal Place of Business <b>390 NORTH BRIDGE STREET LABELLE, FL 33935 US</b>		Mailing Address <b>P.O. BOX 27 LABELLE, FL 33975 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02212006 No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>20-0639407</b>		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>NIGHTINGALE, SWEA 390 NORTH BRIDGE STREET LABELLE, FL 33935</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NIGHTINGALE, SWEA 390 NORTH BRIDGE STREET LABELLE, FL 33935</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHOENWALD, MARK C 390 NORTH BRIDGE STREET LABELLE, FL 33935</b>	
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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: <u>Swea Nightingale</u> <b>SWEA NIGHTINGALE</b> <u>2/21/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>863-612-0085</b> <small>Daytime Phone #</small>