


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000006306 1. Entity Name NORTH BRIDGE STREET PARTNERS, LLC	
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Principal Place of Business 390 NORTH BRIDGE STREET LABELLE, FL 33935 US	Mailing Address P.O. BOX 27 LABELLE, FL 33975 US
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0639407	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NIGHTINGALE, SWEA 390 NORTH BRIDGE STREET LABELLE, FL 33935
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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 _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIGHTINGALE, SWEA 390 NORTH BRIDGE STREET LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOENWALD, MARK C 390 NORTH BRIDGE STREET LABELLE, FL 33935
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<p>U000000636188 02/26/07-80006-017 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Swea Nightingale 2-12-07 863-612-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #