2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2008 08:00 A

| DOCUMENT # L0400007672 1. Entity Name THE BRIDGES, LLC | | | | Secretary of State | | | |
|---|--|--|--|----------------------|--|---|--|
| Principal Plac | ce of Business | Malling Address | 1 | | •• | ٠ ـ . | g · |
| 8961 S.E. BI HOBE SOUN | Ridge Rd D, Fl. 33455 | P.O. BOX 7351 Delray Beach, Fl. 33445 | | | | | 5. |
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| | | | | 02262008N | o Chg-LLC | CR2E083 | (12/07) |
| D | O NOT WRITE | IN THIS SPA | CE | 4. FEI Numbe | | | Applied For |
| | | | , , , | 20-065 | 7197 | | Not Applicable |
| A Section 1 | | | | 5. Certificate | of Status Desired | □ \$5. | 00 Additional Required |
| | 6. Name and Address of Current | Registered Agent | | | 为其为科学员 | | |
| 8961 S.E. | , ANDREW BRIDGE RD UND, FL 33455 | | | ' _ ' 好效的 母''' | NOT W HIS SP | 3.3 | |
| | named entity submits this statement for ions of registered agent. | or the purpose of changing its registe | red office or register | red agent, or bott | n, in the State of Flo | rida. I am famil | iar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Register | red Agent signature required | I when reinstating) | · · · · · · · · · · · · · · · · · · · | · DATE | |
| FILE After May | NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.7 | | | | U00000 03/13/08-3 | 945298 90034-00 | 5 138.75 |
| 9. : | MANAGING MEMBI | ERS/MANAGERS | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ALCOHOLDS. | Section of the sectio | STEP PROFESSION | gree or every read |
| TITLE | MGR | | | | | رسهاد المانية الأولو عاد المانية المانية | |
| NAME | BELFORD, ANDREW | | Mary Stranger | | | | |
| STREET ADDRESS CITY-ST-ZIP | 8961 S.E. BRIDGE RD HOBE SOUND, FL 33455 | | 15 18 40 Miles as a S | | | | |
| TITLE | 1100E 000HD, FE 00400 | | | | | Company of the | |
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| CITY-ST-ZIP | | | ■集合的地。 医后动物 | | | 6, % | |

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

IN THIS SPACE