PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE

LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY Secretary of State				DIVISION OF CORPORATIONS OF JAN 30 AM 9: 11		
DOCUMENT # L04000015310 1. Limited Liability Company's Name BRIDGEWATER 9C 0204, LLC.							
				A 22/	30008721195 05/0701004028 ** CR2E041 (1/07)	₩ 150.00	
2. Principal Office Address - No P.O. Box #	3. Mailing Office A		- 1	<u> </u>			
2600 Douglas Rd. Suite, Apt. #, etc.	2600 Do	Sugia	s Rd.	4! State/Coun	ntry of Formation		
Suite 1100	Suite 1	1100	1	5. Date Organized or Qualified 02/25/2004			
City & State Coral Gables, FL	City & State Coral C	Gable	s, FL	6. FEI Numbe	6. FEI Number Applied For		
Zip 33134 Country USA	^{Zip} 33134	Cour	untry USA	7.			
8. Name and Address	of Current Registered	Agent					
Name JORGE L. GURIAN					o reinstatement fee is imposed		
Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Rd.			in circu receive	in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were			
Suite, Apt. #, Etc. Suite 1100				not re	eceived and requesting th		
City Coral Gables		State FL		reinstatement be waived. Zip Code 3 3 1 3 4			
9. I, being appointed the registered agent of the at	ove named limited liabil	lity company	/, am familiar with and	accept the obligat	tions of Chapter 608, F.S.		
Signature of Registered Agent Date 01/26/07							
10. Names and Street Addresses of Managing Me							
Titles Name of Managing Members/Mana		Ma	Street Address of Each anaging Member/Managing Member/Managing	n iger	City / State / Zip		
MGRM MARK WILLBERG	Su	uite 1	ouglas Rd. 1100		Coral Gables, FL	33134	
MGRM ADRIANA COMPANE		2600 Douglas Rd. Suite 1100			Coral Gables, FL	33134	
	- to						
PEN				STATE	STATEMENT 05-07		
				<u>.</u>	his control of the co	1000s	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
Signature of Managing Member/Manager Ad Vanc Cours Date 01/26/07 Daytime Phone # 305-279-4101							
Typed or printed name of signing Managing Member/Manager							

Jorge L. Gurian, P.A.

January 26, 2007

Division of Corporations State of Florida Clifton Building .2661 Executive Center Circle Tallahassee, FL 32301

Re: BRIDGEWATER 9C 0204, LLC. (L04000015310)

To Whom It May Concern:

Enclosed please find the Limited Liability Company Reinstatement Report for BRIDGEWATER 9C 0204, LLC. The annual Uniform Business Report had not been filed previously because the Managing Member had never received the renewal package during calendar year 2005 or 2006. Upon becoming informed of the need to file a Uniform Business Report, she of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2005, 2006 & 2007.

We therefore respectfully request that you accept this filing as timely and classify the company as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours

IORGE I GURIAN

ADRIANA COMPANET

Enclosure