

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047444

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRIDGETON PROPERTIES, LLC

Current Principal Place of Business:

2801 FLIGHT SAFETY DRIVE
VERO BEACH, FL 32960

New Principal Place of Business:

9891 N. US HWY. 1
SEBASTIAN, FL 32958

Current Mailing Address:

7535 WINDSOR DR
STE 306
ALLENTOWN, PA 18195

New Mailing Address:

FEI Number: 20-1475696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALEK, JOHN
2190 47TH TERRACE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSEME, STEPHEN
Address: 7535 WINDSOR DR STE 306
City-St-Zip: ALLENTOWN, PA 18195

Title: MGR () Delete
Name: MALER, JOHN M
Address: 2190 47TH TERR
City-St-Zip: VERO BEACH, FL 32966

Title: MGR () Delete
Name: FRETZ, DAVID R
Address: 188 JEFFERSON ST
City-St-Zip: EMMAUS, PA 18049

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MALEK, JOHN M
Address: 2190 47TH TERR
City-St-Zip: VERO BEACH, FL 32966

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID R. FRETZ

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date