

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 OCT 15 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09182008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000061687</b> 1. Entity Name <b>BRIDGEWATER LLC</b>					
Principal Place of Business <b>9504 BELL MOUNTAIN DR. AUSTIN, TX 78730</b>			Mailing Address <b>9504 BELL MOUNTAIN DR. AUSTIN, TX 78730</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-3033185</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON, JACQUELINE H 16118 N FLORIDA AVE LUTZ, FL 33549</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <i>Jacqueline H Wilson</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Jesse Rudolph Wilson</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>10/5/08</b>	
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, JACQUELINE H 9504 BELL MOUNTAIN DR. AUSTIN, TX 78730		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>000137109260</b>  <b>10/21/08--01007--002</b>      <b>**138.75</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, JESSE RUDOLPH 9504 BELL MOUNTAIN DR. AUSTIN, TX 78730		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>	
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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: <i>Jesse Rudolph Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	