

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062058

FILED
Jun 15, 2009
Secretary of State

Entity Name: BRIDGE CAPITAL LENDING, LLC

Current Principal Place of Business:

1820 N. CORPORATE LAKES BLVD., STE. 104
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 N. CORPORATE LAKES BLVD., STE. 104
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-3043610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLAST INVESTMENTS, INC
10208 VESTAL CT
CORAL SPRINGS, FL 33071 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: MGRM () Delete
Name: BMF INVESTMENTS, INC
Address: 5610 SW164TH TERR
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: MGRM () Delete
Name: PIPELINE PROPERTIES, INC
Address: 15921 SW 53RD CT
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: MGRM () Delete
Name: BALLAST INVESTMENTS, INC
Address: 10208 VESTAL CT
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES:

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

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

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: CRAIG GARCIA

MR.

06/15/2009

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